Best practice principles for interventions with domestic and family violence perpetrators from refugee backgrounds

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Acknowledgement of lived experiences of violence
ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing.
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Acronyms

ANROWS   Australia's National Research Organisation for Women's Safety

ASeTTS   Association for Services to Torture and Trauma Survivors

CALD   Culturally and linguistically diverse

DFV   Domestic and family violence

Definitions and concepts

Acculturation Acculturation is a multidimensional process where an individual is adapting to a new culture while simultaneously attempting to retain aspects of his or her original cultural identity (Khawaja & Milner, 2012). Acculturation is influenced by a number of contextual factors including the characteristics of both the host society and acculturating community; the age, gender and education level of the individual; and his/her experiences prior to settlement.

Best practice Best practice is defined in this research as a set of processes, procedures and/or concepts that, through evidence and experience, produce optimal results for interventions and are appropriate for broad adoption.

Best practice principle A best practice principle is one of a number of the processes, procedures and/or concepts that collectively constitute "best practice" as described above.

Complex trauma "A type of trauma that occurs repeatedly, usually over a period of time and within specific contexts and relationships." (Courtois, 2008, p. 86)

Culturally and linguistically diverse (CALD) In practice, the term "culturally and linguistically diverse" (CALD) is most often used as a marker for those who do not have English as their main language and/or have cultural values that differ from the majority population (Australian Institute of Health & Welfare, 2018). CALD, therefore, is taken to refer to people who are not English-speaking Anglo-Saxons/ Celtics or Aboriginal and/or Torres Strait Islander peoples, who were born (or at least have one parent born) overseas (Australian Institute of Family Studies, 2008). Individuals from a refugee background are "culturally and linguistically diverse", and included as such in research and practice. Although they may share some similar experiences of settling in a new country with those arriving voluntarily, their experiences of trauma and forced displacement add layers of complexity during settlement. Their experiences should not be conflated with those who settle in Australia voluntarily (Fisher, 2009).

Domestic and family violence Domestic violence refers to acts of violence or abuse (physical, non-physical and/or sexual) between people who are currently, or have previously been, in an intimate relationship (White Ribbon Australia, n.d.). The perpetrator uses violence and abuse to control the other person causing fear, physical and/or psychological harm (White Ribbon Australia, n.d.). Domestic and family violence is violence as just described, with the inclusion of violence between family members (Council of Australian Governments, 2011).

Perpetrator The term refers, for this report, to all men from a refugee background who commit one or more acts of domestic and family violence, whether or not they have been arrested, charged with a crime or had an intervention order against them (Commonwealth of Australia, Department of the Prime Minister and Cabinet, 2016). The term "perpetrator" reinforces the serious nature of domestic and family violence.

Perpetrator intervention "Perpetrator intervention" is the overarching name used to describe the range of programs and services designed to enable perpetrators of domestic and family violence, most commonly male intimate current or past partners, to accept responsibility for their violent behaviour and work towards changing attitudes that condone their use of violence and abuse. These include community education and awareness raising, primary prevention, secondary and tertiary interventions from sectors including law and child protection, and men's behaviour change programs (Mackay, Gibson, Lam, & Beecham, 2015).

Refugee A refugee is "a person who has fled his or her own country and cannot return due to fear of persecution, and has been given refugee status. Refugee status is given to applicants by the United Nations or by a third party country, such as Australia." (Roads to Refuge, 2015) Refugees come from a range of backgrounds and have diverse pre-settlement experiences.

Resettlement Resettlement is the transfer of refugees from an asylum country to a host nation that has agreed to their arrival and, in the longer term, to permanent settlement (United Nations High Commissioner for Refugees [UNHCR], n.d.).

Settlement Settlement is the two-way process of refugees settling into a new country and the wider community adapting to their arrival (Refugee Council of Australia, 2018).

Trauma-informed practice Trauma-informed practice is a strengths-based framework grounded in a recognition and understanding of, and responsiveness to, the impact of trauma. The emphasis is on physical, psychological and emotional safety which creates opportunities for the rebuilding of a sense of control and empowerment (Bateman, Henderson, & Kezlman, 2013; Wall, Higgins, & Hunter, 2016).

Executive summary

Background

Robust population level prevalence studies provide evidence that domestic and family violence (DFV) is a common problem in Australia (see for example Australian Bureau of Statistics, 2017; Cussen & Bryant, 2015). However, evidence is equivocal as to whether prevalence is higher or lower in culturally and linguistically diverse (CALD) communities (which includes refugee communities),[1] compared to the broader Australian population (see for example Cox, 2015; Ghafournia, 2011). Additionally, where data are available, prevalence among refugee-background women is often not delineated from that among the broader category of "CALD women". Despite the absence of reliable prevalence data, there is an emerging literature regarding refugee women's experiences of DFV (see for example Grossman & Lundy, 2007; Mouzos & Makkai, 2004) including post-settlement in Australia (El-Murr, 2018; Fisher, 2009, 2013, 2015).

There is currently, however, a dearth of literature available to inform appropriate interventions for perpetrators from a refugee background. We were only able to identify two refugee-background specific studies in our review of literature. The first is a study by Baobaid (2008), which notes that intervention is usually the result of arrest and, as such, is crisis bound. The second is James's study (2010), which highlights a small number of principles that she argues should inform the work of family therapists in responding to DFV in refugee communities. The evidence base is even more limited for contexts beyond individual or family therapy. This lack of evidence means that those developing or revising DFV interventions for perpetrators from a refugee background have limited evidence to draw upon to ensure these interventions are appropriate and provide optimal support.

Within this context, the aim of this research was to identify best practice principles to inform and underpin culturally appropriate, trauma-informed DFV interventions for perpetrators from a refugee background.[2] For this research, a broad definition of perpetrator interventions was adopted to include primary prevention education and awareness raising; secondary and tertiary prevention interventions emanating from civil, criminal and family law systems and child protection; and men's behaviour change programs (Mackay, Gibson, Lam, & Beecham, 2015).

The specific research questions were:

- How can perpetrator interventions be delivered to ensure cultural appropriateness for perpetrators from refugee backgrounds?
- How can perpetrator interventions be delivered in refugee communities in a culturally appropriate and trauma-informed manner?
- What principles should underpin interventions for perpetrators from refugee backgrounds and in refugee communities to ensure best practice?

The perpetration of DFV in CALD communities (including refugee communities) does not occur in isolation from the cultural and social environment in which it is perpetrated (see for example Abrahams, Jewkes, Laubscher, & Hoffman, 2006; Ehrensaft et al., 2003; Fox & Benson, 2006; Gupta et al., 2009; Raghavan, Mennerich, Sexton, & James, 2006). Prior experiences of torture and trauma (Pittaway, 2005; Rees & Pease, 2006) and misuse of alcohol and other drugs (James, 2010) have been argued to shape men's use of violence (Flood, 2013; Flory, 2012). Immigration and resettlement challenges, including adjusting to changed and changing gender roles (Fisher, 2009, 2013; James, 2010; Vaughan et al., 2016) and efforts to arrest the concomitant perceived lack of control (Crosby et al., 2006; Flory, 2012; Khawaja & Milner, 2012; Vaughan et al., 2016; Zannettino, 2012, 2013) are further noted as behaviour-shaping. Relatedly, similar issues negatively impact perpetrator engagement with interventions, specifically post-settlement alienation, physical and mental health issues (James, 2010), and acculturation stress (Khawaja & Milner,

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1   As noted in the "Definitions and concepts" section, the experiences of those from a refugee background are often conflated with those from CALD backgrounds. Where this occurs in the literature included in this report, the term used in that literature (i.e. "CALD") is clarified as "CALD (including refugee communities)".

2   The specifics on how actual interventions should be structured (e.g. on the basis of language, geographical regions or sub-regions, refugee only or non-refugee from the same country, homogeneity versus heterogeneity) is important to consider, but is outside the scope of this project which sought to identify higher order concepts to underpin interventions.

2012.) Additionally, an understanding of the significant role family plays in community and social life (Diamandi & Muncey, 2009) and an awareness of the reluctance in some refugee communities to engage in interventions that might break up the family unit (Fisher, 2009) is important.

Involving refugee communities in DFV interventions is highlighted in the literature as having the potential to challenge gender stereotypes and behaviours that condone DFV (Chen, 2017) and is appropriate because community members often turn to their community as a "first point of call" for the issue (Fisher, 2009). Community involvement could be facilitated through community and religious leaders (see for example Fisher, 2009, 2015; Nnadigwe, Fisher, Wood, & Martin, 2018; Robert Wood Johnson Foundation, 2014). There is concern, however, that some community or religious leaders may encourage silence and inadvertently condone violence (Dasgupta, 2000; Raj & Silverman, 2002); have limited knowledge of services to refer perpetrators to for support (Department of Social Services [DSS], 2015a); and/or be suspicious of such services.

The *National Outcome Standards for Perpetrator Interventions* (NOSPI) (DSS, 2015b) and respective state-based perpetrator intervention minimum standards guidelines note the need for perpetrator interventions to cater for cultural diversity (Family Safety Victoria, 2017; New South Wales Department of Justice, 2017; Queensland Department of Communities, 2018; Western Australia Department for Child Protection and Family Support, 2015). Across Australian jurisdictions, however, there are limited culturally specific men's behaviour change groups (Flory, 2012), meaning that perpetrators from a refugee background are likely to be in mainstream[3] programs. The effectiveness of these programs for CALD and/or refugee-background men, however, has yet to be determined (see Bennett & Williams, 2001; Gondolf, 2012; Olver, Stockdale, & Wormith, 2011; Rothman, Gupta, Pavlos, Dang, & Coutinho, 2007).

Interventions for perpetrators from refugee backgrounds that may be more relevant and potentially more effective

than mainstream programs are trauma-informed (Parris, 2013), recognise gender inequality as a root cause of DFV, and take account of structural disadvantage and individual factors associated with perpetration of DFV (e.g. language issues, mental and physical health issues, limited education, under- and/or unemployment) (Rees & Pease, 2006).

Methodology

A participatory methodology involving members from included refugee countries was utilised for this study. Participatory research deliberately includes affected communities and/or community members in the research process (Bergold & Thomas, 2012; Cornwall & Jewkes, 1995). Its fundamental principles are that those affected by the research become involved as partners in the process of the enquiry, and that their knowledge and capabilities are respected and valued (Bergold & Thomas, 2012). Participatory research is thus a collaboration between researchers and those whom the research is intended to benefit (Kemmis & McTaggart, 2005). In this project, refugee community members were trained as research assistants, and they also recruited participants and collected and translated qualitative data. The ceding of power to co-researchers is a cornerstone of a participatory methodology (Cornwall & Jewkes, 1995). The research assistants determined the most culturally appropriate ways to recruit participants and the wording of questions in the interviews. They also determined the extent to which they themselves were involved in providing input into data analysis and interpretation.

Specifically, a three-phase sequential exploratory mixed methods research design (Creswell, 2009) was undertaken where the findings of Phase 1 (an integrative literature review) and Phase 2 (qualitative interviews and focus groups) led to the development of candidate best practice principles for DFV interventions for perpetrators from refugee backgrounds. Phase 3 was a two-round Delphi questionnaire used to derive consensus around the candidate best practice principles.

A socio-ecological model (see for example Heise, 1998) was adopted as the conceptual framework for this study. First developed by Bronfenbrenner (1978), the socio-ecological model is a theory-based framework for understanding factors

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3   We are using the term "mainstream" in this report to refer to services, programs, model or agencies that provide services to or support the Australian public.

(personal and environmental, and the interaction between them) that influence behaviours. Behaviours are deemed to both shape and be shaped by the social environment in which they occur. The model is also valuable for identifying leverage points for potential interventions. The model is appropriate for the current study as it is able to account for the complexity of DFV and the multiple factors at multiple levels (individuals, relationships and families, organisations and communities, and the broader societal level) that impact the incidence of DFV in refugee communities and put individuals at risk of, or protect them from, perpetrating DFV. It is also able to incorporate both feminist and social science insights.

Phase 1: Integrative literature review

An integrative literature review was undertaken in Phase 1 to target the literature relating specifically to DFV interventions for perpetrators from a refugee background. An integrative review was chosen because literature suggests that this approach facilitates initial conceptualisations of a topic around which there is little knowledge (Torraco, 2005, 2016). Online databases (Proquest 5000 International, Global Health via OVID, MEDLINE via PubMed, Academic Search Premier, APA-FT, JSTOR, SocINDEX, AUSThealth via Informit, FAMILY-ATSIS, Proquest Health and Medicine Complete, SAFE Journal, Web of Science [via OneSearch function available through the University of Western Australia's library]) and government, non-government, and education sector websites containing content relevant to DFV perpetration and intervention in refugee communities were searched using a combination of keywords. To be included in the review, documents needed to be in English language, be published in 2000–16 and contain information relevant to developing DFV interventions for perpetrators from a refugee background. Due to the dearth of literature that described responses to and/or interventions for DFV for perpetrators from refugee backgrounds, just six documents were synthesised in the review.

Phase 2: Qualitative data collection and analysis

Phase 2 examined how interventions with DFV perpetrators should be delivered and then sought to identify the principles that should underpin them. To do this, qualitative in-depth interviews were undertaken with members of refugee communities who had knowledge of DFV either from experience of the issue or from providing professional or informal support for it (n=40). Community members were both male and female and diverse in age (ranging from the 18–24 years age group to the over-55 years age group). Participants were from five countries: Afghanistan, Burma,[4] Iran, Iraq and Sudan. These countries were selected for maximum variation in terms of geography and religion, and represented dominant source countries for humanitarian entrants to Australia between 1 January 2005 and 31 December 2015. Interviews were undertaken in participants' first language or in English by bicultural, bilingual research assistants who had knowledge of DFV and who were also trained in qualitative research. Focus groups (n=2) were also undertaken with service providers working in men's behaviour change programs, women's services, women's health, refugee support services and DFV services. The issue of DFV is sensitive in some refugee communities and, as such, confidentiality was a "top of mind" issue. As such, the protocols adopted in previous DFV research with African refugee communities (Fisher, 2009) were continued in the current study. To protect the confidentiality of participants, in Phase 2, attribution of verbatim quotes is either "female community member", "male community member" or "focus group participant".

Qualitative data were analysed utilising a conventional content analysis (Hsieh & Shannon, 2005) to derive themes evident in the data, and a summative content analysis (Hsieh & Shannon, 2005) to show strength of support for each theme. The findings of the interviews and focus groups were combined with the findings of the integrative literature review and resulted in the identification of 12 themes. Each of these 12 themes became a candidate best practice principle. Conversion of the analytical description given to each theme during analysis to one that reflected a candidate best practice principle was undertaken by and workshopped between the researchers and the reference group.

Phase 3: Delphi technique

The Delphi technique involves structured interaction among a panel with expertise on a specific topic. It was chosen for this

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4   In this study we used the name "Burma" in preference to Myanmar because the former was the name used by community members.

study as it is an accepted technique to use in the absence of a body of knowledge in an area. It was an appropriate technique to arrive at consensus around best practice principles to inform and underpin DFV interventions for perpetrators from a refugee background as it facilitates reliable convergence of opinions (Helmer-Hirschberg, 1967) through a process of individual panel members reflecting on and changing (or not) their perspective after learning the perspectives of others.

The 12 candidate best practice principles, along with three overarching principles (listed below), formed the content of the Delphi questionnaire distributed to 27 panel members with expertise in providing DFV services to individuals from a refugee background, identified and recruited through DFV networks and desktop searches. The purpose of the Delphi technique was to arrive at consensus—in this instance regarding those candidate principles that should be included as comprising best practice for the development, revision and implementation of DFV interventions for perpetrators from a refugee background.

Responses to the Delphi questionnaire were analysed quantitatively and qualitatively. In Round 1, panel members were asked to rate (on a four-point Likert scale) the importance of the candidate best practice principles and rank the relative importance of each. These responses were analysed through the calculation of means and standard deviations. The smaller the mean, the higher the ranking, and the lower the standard deviation, the stronger the consensus. Participants were also invited to provide justifications for their rating and ranking and these were analysed thematically using conventional content analysis (Hseih & Shannon, 2005). In Round 2, panel members were asked to rank the principles only, due to overwhelming support for the retention of all 12 candidate best practice principles in the final document, and were, once again, invited to provide comments to justify their response. The Round 1 data analysis process was repeated for Round 2.

Key findings

Development of candidate best practice principles—Phases 1 and 2

Phase 1: Integrative literature review

Three key themes were identified from synthesis of the included literature: "educate", "understand" and "recognise". Lack of education around what constituted DFV in an Australian context was identified as an issue to be addressed through perpetrator interventions (DSS, 2015a). There was also strong support, in the literature reviewed, for the need to understand the importance of pre-settlement experiences (Baobaid, 2008; Diamandi & Muncey, 2009; Versha & Venkatraman, 2010); the negative impact of post-settlement challenges on families (Baobaid, 2008; DSS, 2015a; Rees & Pease, 2006; Versha & Venkatraman, 2010); and the impact of changes to gender relations (DSS, 2015a) when developing DFV perpetrator interventions targeted at refugee communities. Reflecting the myriad influences on the perpetration of DFV in refugee communities, Rees and Pease (2006) argue for an intersectional analysis (Crenshaw, 1994) through which the nature and meaning of men's perpetration of DFV in a refugee context can be elicited and subsequently responded to in a holistic manner. This includes understanding the influence of social class, racism and ethnicity on masculinities when challenging the use of violence by men from a refugee background. Findings of the integrative literature review also highlighted the need to recognise three other important factors when developing DFV perpetrator interventions in refugee communities: the importance of family in the social and community life of refugee communities (Diamandi & Muncey, 2009; Mackay et al., 2015), diversity within refugee communities (Diamandi & Muncey, 2009; Mackay et al., 2015; Versha & Venkatraman, 2010) and the relevance of community-based and community-involved DFV interventions (Diamandi & Muncey, 2009; DSS, 2015a).

Phase 2: Qualitative data analysis

Twelve candidate best practice principles to underpin and inform DFV perpetrator interventions were identified during Phase 2. Three overarching principles were also included as they are hallmarks in responding to DFV. Where these principles are in tension with a best practice principle, they always have precedence.

The three overarching best practice principles are:

- The safety of women and children is given highest priority in all aspects of DFV responses, including perpetrator interventions.
- Perpetrator interventions hold perpetrators responsible for their behaviour.
- All DFV interventions with individuals, families and communities from refugee backgrounds are trauma-informed.

The number in parentheses adjoining the candidate best practice principles in the findings of Phase 2, below, indicate the level of support for the candidate best practice principle out of a possible 42 (that is, 40 in-depth interview participants and two focus groups). The 12 candidate best practice principles, in no specific order, are:

1. Perpetrator interventions work to empower women (n=15).
2. Perpetrator interventions recognise intersectionality (n=7 and the integrative literature review).
3. Perpetrator interventions recognise and respond to community complexity (n=9 and the integrative literature review).
4. Perpetrator interventions position, acknowledge and recognise the role of communities as service providers (n=20 and the integrative literature review).
5. Perpetrator interventions build community capacity (n=19).
6. Perpetrator interventions respect diverse family structures, values and strengths (n=13 and the integrative literature review).
7. Perpetrator interventions recognise issues that can impact on levels of engagement (n=16 and the integrative literature review).
8. Perpetrator interventions recognise and respond to complex individual needs (n=16 and the integrative literature review).
9. Perpetrator interventions explicitly address pre-settlement experiences (n=9 and the integrative literature review).
10. Perpetrator interventions account for diversity in understanding of domestic and family violence and Australian responses (n=18 and the integrative literature review).

11. Perpetrator interventions embed tenets of the Australian legal framework (n=15 and the integrative literature review).
12. Agencies delivering perpetrator interventions are integrated in the broader response to domestic and family violence (n=9).

Consensus on best practice principles–Phase 3

Quantitative results

All 27 Delphi panel members rated each candidate best practice principle as "important" or "very important" in Round 1. As such, all 12 were deemed "best practice principles" for interventions with perpetrators of DFV from refugee backgrounds based on these consistently high ratings. Panel members were also asked to rank the candidate best practice principles from 1–12 to signify the perceived importance of each principle relative to the others.

Four "groups" of candidate best practice principles were evident across the two rounds of the Delphi results. The top three ranked principles ("Perpetrator interventions respect diverse family structures, values and strengths", "Perpetrator interventions work to empower women" and "Perpetrator interventions recognise issues that can impact on levels of engagement") remained consistent across the two rounds with a strengthening of consensus evident. Those candidate best practice principles ranked 4–7 in Round 1 ("Perpetrator interventions recognise and respond to complex individual needs", "Perpetrator interventions account for diversity in understanding of family and domestic violence and Australian responses", "Agencies delivering perpetrator interventions are integrated in the broader response to family and domestic violence" and "Perpetrator interventions recognise and respond to community complexity"), remained in that group after Round 2, with some movement within the group. Apart from the latter candidate best practice principle, there was a tightening of consensus around the relative ranking across the two rounds. A group of three candidate best practice principles was ranked 8–10 in both rounds ("Perpetrator interventions recognise intersectionality", "Perpetrator interventions explicitly address pre-settlement experiences" and "Perpetrator interventions build community capacity"). There was some movement within this group across the two

rounds, but there was strengthening of consensus around their relative rankings. The candidate best practice principles ranked 11 ("Perpetrator interventions embed tenets of the Australian legal framework") and 12 ("Perpetrator interventions position, acknowledge and recognise the role of communities as service providers") in Round 1 remained in that group in Round 2 but the order was reversed. There was a strengthening around consensus for the latter candidate best practice principle in this group.

Qualitative results

In Round 1, high rates of importance were justified in terms of families being "core to refugee communities" and the empowerment of women as key to supporting their decision-making around violent relationships. Community involvement in the development and implementation of DFV perpetrator programs was seen as important because the intervention would be more culturally appropriate and hence engagement may be increased. Many panel members provided justifications around community members feeling respected and the interventions being meaningful for communities and, hence, more effective. Addressing complexity, whether it was community complexity or complex individual needs and pre-settlement experiences, was seen to increase the potential for positive outcomes. Integration of services providing interventions was rated highly because of the responses being potentially more holistic.

In Round 1, candidate best practice principles were ranked more highly than others if they were seen to guide the development of interventions that would

- better service, value and respect individuals and families
- facilitate ongoing engagement in the intervention
- promote and ensure rights
- mitigate against violence-condoning attitudes and beliefs in refugee communities
- provide education
- promote awareness of DFV and Australian responses to it
- provide holistic support
- work toward building capacity and positive change in refugee communities.

Limited justifications for relative rankings of each of the candidate best practice principles were provided in Round 2. The relative stability of the ranking between Rounds 1 and 2 is considered to partially explain this. As with Round 1, panel members ranked more highly those candidate best practice principles that they thought would respect family and other values, engage perpetrators in the intervention, promote women's decision-making capacity and support holistic approaches.

Strengths and limitations

A particular strength of the study was its robust mixed methods design and participatory approach (Kemmis & McTaggart, 2005) which involved refugee community members trained as bicultural/bilingual research assistants and translators. Those members who chose to participate in these ways also provided input into the qualitative data analysis as it progressed. Bicultural/bilingual research assistants were able to recruit participants to the study in Phase 2 in a culturally safe manner, undertake the interviews in the participant's first language, ask the interview questions in an appropriate manner, and translate the interview to English. Translations undertaken by those who were present at the interview are likely to have resulted in the meaning and context in the original interviews being transferred to the English language versions (van Nes, Abma, Jonsson, & Deeg, 2010).

The study also had a number of limitations. Undertaking the qualitative component of the research in Western Australia may not have captured differences in perspective across jurisdictions where there may be different levels of engagement with refugee communities and variation in the development and implementation of perpetrator interventions. The five countries included in Phase 2 of the study were diverse in terms of ethnicity, religion and geography, and were included based on size of the population who arrived in Australia in the decade 2005–15. Although generalisability is not the goal of qualitative research, a longer timeframe for the study could have permitted a wider range of countries to be included, as well as individuals from the five countries for whom settlement occurred prior to 2005. Although members of the Delphi panel had knowledge of refugee communities

from diverse geographical locations, were themselves from a CALD background and either worked with or had knowledge of DFV in refugee communities, individuals who could not be identified through our searches of service provider websites and through professional bodies and networks were not included. Such individuals may have brought different perspectives to the Delphi panel.

Focus group participants were drawn from a range of sectors. While the small number in each group enabled deep discussion between participants, a larger number could have provided a broader range of views or enabled the groups to be segmented according to their role in responding to DFV in refugee communities. In turn, this may have generated more nuanced data.

Implications for policy

Utilising the best practice principles will guide service providers to think broadly, from a policy perspective, in their respective agencies about the structure, objectives and model of implementation of perpetrator interventions and how they connect to a broader service delivery landscape. This landscape includes services not previously considered as central to responses to DFV—for example, specialist services working with individuals from a refugee background who have experienced torture and trauma, and settlement services. It also includes developing enduring relationships and partnerships with refugee communities which takes time and, by extension, resources. Management-level policy decisions within services may need to be made to reallocate resources to these areas. More predominately, greater flexibility in the specifications included by funding bodies to guide funding applications and the funding timeframes may be needed.

Facilitating the use of best practice principles has implications for promotion and dissemination of interventions, potentially through a publicly available central repository underpinned by them. There are also financial implications because effective interventions could be adopted or adapted in other locations and/or scaled up.

This set of best practice principles has the potential to be seen as a companion document to the *National Outcomes Standards for Perpetrator Interventions* (DSS, 2015b) and the relevant state-based minimum standards guidelines (Department for Child Protection and Family Support, 2015; Department of Communities, 2018; Department of Justice, 2017; Family Safety Victoria, 2017). To encourage broad utilisation, consideration of how the documents could be linked would be required.

Implications for practice

Currently a range of health, justice, legal and human services are integrated into a formal response to perpetrators of DFV. The best practice principles have demonstrated that a wider range of services (e.g. specialist services working with those from a refugee background and settlement services) should be considered as part of this integrated response. Such integration could facilitate the sharing of expertise, knowledge and skills across services, and allow for components of an intervention to be delivered or developed by those agencies with specific expertise. Consideration would need to be given to how this could occur.

Developing interventions informed by the best practice principles will require professional development of staff. Education about the principles (including both their intent and how to use them) will be required at agency level. Consideration will need to be given as to whether education and awareness regarding the best practice principles could be undertaken alongside training being delivered within services, or as part of continuing professional development.

A number of best practice principles are linked to service providers engaging communities and community members in DFV perpetrator interventions. Genuine engagement with communities takes time and resources. This extended time, however, contradicts funding cycles which are typically more short term. The development of strategies to mitigate against the potential harm to agency/community relationships from funding ceasing prior to desired outcomes being achieved may need to be considered.

The highest ranked best practice principle will guide those developing or revising DFV interventions for perpetrators from a refugee background to respect diverse family structures and, where the safety of women and children has been ascertained and it is the woman's choice to do so, maintain or reunify the family unit. The development of a set of evidence-based "alternatives to separation" service delivery models and programs is required.

Consideration within agencies will also be required to determine how tensions between principles will be handled and operationalised.[5]

Perpetrator interventions informed by the best practice principles may require greater flexibility in their delivery to ensure a holistic response and intervention. Additionally, the content may also need to be tailored to differing levels of understanding of DFV and responses to it. The broader women's empowerment agenda advanced in the best practice principles may also result in a need for a more flexible intervention or a change in current interventions to enable this to be incorporated.

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5   This does not extend to any tensions between principles and overarching principles, however, because where this exists, the overarching principle must be prioritised.

Introduction

This report outlines the findings of a study that aimed to identify best practice principles to inform and underpin culturally appropriate, trauma-informed domestic and family violence (DFV) interventions for perpetrators from refugee backgrounds. The findings of the study led to the development of a set of best practice principles that provide evidence-informed guidance for those who are developing and/or implementing or revising such perpetrator interventions. The mixed methods study drew on the expertise of refugee community members and professionals who work with refugees in human services, health, settlement, DFV and legal contexts. The study was based in Western Australia but included some national participation.[6]

Context for the research

DFV is a common problem in Australia, with results from the Australian Bureau of Statistics' (2017) Personal Safety Survey (the most recent national prevalence study in Australia) indicating that, since the age of 15, almost one in four women has experienced at least one incident of violence perpetrated by an intimate partner. Additionally, on average in Australia, one woman is killed per week by her intimate partner (Cussen & Bryant, 2015). While Australia has a robust process of estimating the prevalence of DFV at a national and state population level (Australian Bureau of Statistics, 2013, 2017), there is limited data available describing the prevalence of the issue in culturally and linguistically diverse (CALD) (including refugee) communities. Cox (2015), however, who undertook further analysis of the 2012 Australian Bureau of Statistics' Personal Safety Survey, found that women born overseas (the majority of whom came from countries where English was not spoken as a first language) experienced violence from their cohabiting partner in the 12 months prior to the survey at lower rates than their counterparts who were born in Australia. These statistics cannot be taken on face value, however, as Cox (2015) concluded that CALD women (including refugee women) are likely to be under-represented in this national survey, due in part to under-reporting and non-reporting of DFV. There is also Australian research that suggests the prevalence of DFV is actually higher for CALD women (including refugee women) than for their non-CALD counterparts (see for example Ghafournia, 2011). The data that are available, however, do not delineate refugee-background women from the broader category of CALD women.

A complicating factor for DFV prevalence data, therefore, is the conflation in the literature of "refugee" with "culturally and linguistically diverse" (CALD) or "migrant" background (see for example Vlais, 2014). This has implications for developing and implementing interventions specifically for perpetrators from refugee backgrounds. Experiences of trauma, living in an area of armed conflict (Weber & Pickering, 2011), loss and forced displacement (Dhanji, 2010; Khalili, 2007) add layers of complexity that need to be taken into account when developing and implementing DFV perpetrator interventions with those from refugee backgrounds. Where these factors are not delineated in the literature, it is difficult to take adequate account of their potential impact on interventions, and by extension, on the best practice principles underpinning these interventions. The result is that the unique issues that those from a refugee background experience are not informing the development or delivery of interventions, even though understanding these experiences is vital in understanding DFV in refugee communities (Bourassa, 2007; Fisher, 2013; Gupta et al., 2009; Rees & Pease, 2006; Parris, 2013;). Such understandings are also imperative in responding appropriately to men from refugee communities who are less likely to voluntarily seek support than perpetrators from non-refugee backgrounds (Baobaid, 2008).

It is important to acknowledge here that there is a growing literature regarding refugee women's experiences of DFV (see for example Grossman & Lundy, 2007; Mouzos & Makkai, 2004), including post-settlement in Australia (El-Murr, 2018; Fisher, 2009, 2013, 2015). However, there is still a dearth of literature available to inform appropriate interventions for perpetrators from refugee backgrounds. From the literature that is available, Baobaid (2008) notes that intervention is usually the result of arrest and, as such, is crisis bound. James (2010) begins a broader discussion around intervening with men from refugee backgrounds by highlighting a small number of principles she argues should inform the work of family therapists in responding to DFV. The evidence base is even further limited beyond individual or family therapy.

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6   The potential limitations of the study being undertaken out of Western Australia are addressed in the "Strengths and limitations" sections of both the Executive summary and the body of the research report.

The lack of available evidence to inform best practice principles for interventions for DFV perpetrators from refugee backgrounds means that current interventions may be sub-optimal, or even inappropriate for this group. As refugee women's experiences of DFV are best understood in the context of acute and chronic stressors resulting from war, displacement and loss (Zannettino, 2012), the question becomes: should or could appropriate interventions with perpetrators of DFV similarly take account of these stressors to inform their underlying principles and delivery? Ensuring that interventions are developed to maximise engagement and delivered in a culturally appropriate manner is likely to facilitate the best possible outcomes. The evidence base, however, is lacking. Through this study best practice principles were developed that can be applied to inform policy and improve practice.

Research aim and questions

The aim of this research was to identify best practice principles to inform and underpin culturally appropriate, trauma-informed DFV interventions for perpetrators from a refugee background.

The specific research questions were:

- How can perpetrator interventions be delivered to ensure cultural appropriateness for perpetrators from refugee backgrounds?
- How can perpetrator interventions be delivered in refugee communities in a culturally appropriate and trauma-informed manner?
- What principles should underpin interventions for perpetrators from refugee backgrounds and in refugee communities to ensure best practice?

Key concepts

A number of key concepts prominent in this study are outlined below.

Who are refugees?

According to the United Nations 1951 Convention Relating to the Status of Refugees (the Refugee Convention) (United Nations General Assembly, 1951) , as amended by its 1967 Protocol Relating to the Status of Refugees (the 1967 Protocol) (United Nations General Assembly, 1967), a refugee is someone who,

> owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable or, owing to such fear, is unwilling to return to it. (United Nations General Assembly, 1951, Article 1[A][2])

The Refugee Convention was a global response to World War II that recognised the vulnerability and the need for protection of large numbers of people after the conflict. The 1967 Protocol removes the geographical and time limitations written into the original 1951 Convention under which, for the most part, only Europeans involved in events before 1 January 1951 could apply for refugee status. One hundred and forty-seven nation states, including Australia, have ratified the Refugee Convention and/or the 1967 Protocol.

A "refugee" is sometimes conflated with an "asylum seeker". Whilst both fear persecution and are unable or unwilling to return to their country, a refugee has been given that status by the United Nations or a third-party country (Roads to Refuge, 2015). Refugees come from a range of backgrounds and have diverse pre-settlement experiences.

Australia has a long history of settling individuals and families fleeing persecution, war and violence. Since 1947 over 800,000 refugees have settled in Australia (Phillips, 2015) but since 1975 the annual intake has varied significantly. The highest number of refugees arrived in the early 1980s (driven largely by refugees from Indochina) and the lowest number of arrivals occurred in 1989–90. Apart from a dramatic increase in 2012, during the period 2000–16 the trend was for a slight increase in the annual quota of refugee visas (Karlsen, 2016).

In 2014–15 (the most recent comprehensive data publicly available at the time of writing [December 2019]) refugees from Afghanistan, Burma and Iraq comprised more than half of Australia's offshore refugee quota (Karlsen, 2016). Other dominant countries in terms of humanitarian resettlement in Australia include Syria, Democratic Republic of Congo (DRC), Iran, Somalia, Eritrea and Ethiopia.

What is settlement?

Settlement is a two-way process (Refugee Council of Australia, 2018). It is more than the act of arriving in the host country and gaining access to legal and physical protection, along with a range of rights (civil, economic, political, social and cultural) that are available to nationals of the host country (United Nations High Commissioner for Refugees [UNHCR], n.d.). It also relates to the wider community facilitating integration. For settlement to be considered successful, a range of basic supports needs to be in place, including financial, housing, employment, education, as well as support to access health care (Refugee Council of Australia, 2018). Other factors related to ensuring wellbeing are also vital. These include feeling safe and valued, regaining a sense of control over one's life and being able to overcome the sense of loss of country (Refugee Council of Australia, 2018).

An important consideration for those who are developing support services and interventions—including DFV perpetrator interventions—is recognising the challenges that those from a refugee background face in settling into a new country, since these challenges can impact on the level of engagement. Hence, government policies and institutions need to ensure that all mainstream human and health services and related agencies provide services that are sensitive to the needs of those from refugee backgrounds. It is also important that service staff are appropriately trained to deliver services in a refugee context. Adequate funding is also required for community sector projects that engage with refugee groups (Refugee Council of Australia, 2018).

What is intersectionality?

Unequal gendered power relations are the root cause of DFV, including in refugee communities (Rees & Pease, 2006).

To fully understand the perpetration of DFV in refugee communities, Pease and Rees (2008) urge us to acknowledge oppressions that exist beyond gender. An intersectional lens is one through which these oppressions can be made visible.

Through an intersectional lens, refugee men simultaneously experience privilege and oppression. They may experience racial and class oppression (Pease & Rees, 2008) but they remain the beneficiaries of privilege by virtue of gender (particularly in the private sphere). Utilising an intersectional lens allows us to recognise that, along with gender inequality, multiple oppressions (not as layers of impact but dynamic and interacting forms of disadvantage) shape the meaning and nature of men's violence (Bograd, 1999) in refugee communities. These disadvantages include the challenges associated with settlement (language skills, alienation, unemployment and education) (Pease & Rees, 2008; Rees & Pease, 2006); changed and changing gender and family roles (Fisher, 2009; James, 2010); the impact of past trauma (Fisher, 2009; James, 2010); racism; and individual risk factors, such as the use of alcohol and problematic gambling (Rees & Pease, 2006).

Not all individuals who experience these challenges will become violent, but some research suggests that the probability of individuals perpetrating DFV is increased where they are subject to a range of individual risk factors and are experiencing structural disadvantage (Carlson, 2005; Zannettino, 2013).

Viewed through an intersectional lens, a holistic and effective intervention for the perpetration of DFV by men from a refugee background would take account of the influences of racism, ethnicity and social class on masculinities and of the complex and intersectional nature of gender, structural disadvantage and individual risk factors.

What is a perpetrator intervention?

It is important at the outset to describe how a "perpetrator intervention" is understood in this study. Drawing on the work of Mackay, Gibson, Lam, and Beecham (2015), we adopt a broad understanding which encompasses a broad spectrum of interventions specifically targeting perpetrators of DFV from a refugee background. These include:

- community education and awareness-raising primary prevention interventions
- secondary and tertiary prevention interventions emanating from the civil, criminal, and family law systems and child protection
- men's behaviour change programs.

The interventions share a common goal of changing violence-condoning attitudes and violent and abusive behaviours and holding perpetrators responsible for their violence.

What is "trauma-informed" practice?

We utilised the understanding of trauma-informed practice as a strengths-based and empowering mode of practice underpinned by an understanding of the effects of traumatic events or experiences on the behaviour of individuals (Bateman, Henderson, & Kezelman, 2013). In this understanding, emotional safety, facilitation of connection, responding to identity and context, and support for coping, are the underlying principles (Wall, Higgins, & Hunter, 2016; Wilson, Fauci, & Goodman, 2015). Trauma survivors are seen to have managed to their best of their ability in the context of enduring extreme and abnormal events (Wilson et al., 2015).

What is "community" in a refugee context?

An important concept in discussions about best practice principles to inform DFV interventions for perpetrators from refugee backgrounds is "community". We utilised the definition of "refugee community" as described by Fisher (2009): "those individuals who share a common country or area of birth and/or extended residence in that country; and/or identify as such and are accepted as such, due to familial or other kinship or social ties" (p. 4).

Structure of this report

This report begins with a State of knowledge review (i.e. a review of the existing literature) followed by a description of the methodology utilised for each phase of the study. The key findings of each phase are then presented, and discussed

in light of the available evidence. The report concludes with a discussion about the implications of the findings of the study for policy and practice.

State of knowledge review

This State of knowledge review was undertaken to situate the current study among literature that focuses on the factors influencing the perpetration of DFV in refugee communities post-settlement, and on actual or potential interventions to address perpetration. Literature relating specifically to interventions for perpetrators of DFV from refugee backgrounds extracted and analysed as part of the research process (i.e. Phase 1: Integrative literature review) is included here but also presented separately as part of the findings (see the Key findings section).

As noted in the Introduction, there is a propensity in the literature (and in policy and practice) to conflate the perpetration of DFV among those from a CALD background with that perpetrated by those from refugee backgrounds. This makes delineating the issues specific to those from refugee backgrounds difficult. While there may be similarities in the context in which DFV is perpetrated by individuals from CALD backgrounds and those from refugee backgrounds, there are factors over and above these that permeate the refugee experience and invariably have an impact. These include trauma, loss, dislocation from home (Dhanji, 2010; Khalili, 2007), witnessing and/or experiencing significant levels of violence and dealing with the impact of armed conflict (Weber & Pickering, 2011). In describing the state of knowledge to contextualise the project—the aim of which was to develop best practice principles to inform perpetrator interventions for those from refugee backgrounds—factors unique to refugees do need to be considered.

Review methodology

This State of knowledge review was undertaken as a scoping review—a process used to systematically search for relevant literature on a given topic. It is a useful method where the purpose is to understand the scope of a body of literature and to examine evidence in an emerging field (Armstrong, Hall, Doyle, & Waters, 2011), such as DFV interventions for perpetrators from refugee backgrounds. It is also considered to be useful for informing professional practice (Munn et al., 2018).

To complete this review a number of databases were searched, along with reputable websites containing relevant DFV content with a focus on refugee communities. The databases searched included:

- ProQuest 5000
- International
- Global Health via OVID
- MEDLINE via PubMed
- Academic Search Premier
- Australian Public Affairs Full Text (APAFT)
- JSTOR
- SocINDEX
- AUSThealth via Informit
- Australian Family & Society Abstracts—Aboriginal and Torres Strait Islander Subset (FAMILY-ATSIS)
- Health and Medicine Complete
- SAGE
- Web of Science.

Online searches were also undertaken for reports and evaluations related to DFV perpetrator interventions in refugee communities. Cognisant of the limited literature available on perpetrator interventions in refugee communities, the researchers used combinations of key words to source relevant information: refugee AND perpetrator AND violence; refugee AND violence AND intervention OR program*; family violence AND refugee; domestic violence AND refugee; domestic violence AND CALD AND Australia*; domestic violence AND cultural*; domestic violence AND settlement. The last search for the State of knowledge review was conducted on 28 February 2019.

The references listed in each of the sourced materials were scanned for further relevant sources. Relevant grey literature sourced included conference presentation papers, government reports, reports by agencies, program recommendations and other reports containing information about DFV and perpetrator intervention programs in refugee communities. The final materials included in this review were original research, grey literature and unpublished reports.

Individual-level factors associated with the perpetration of DFV in refugee communities

There is a range of individual-level factors resulting from both pre-settlement and post-settlement challenges that impacts how men from a refugee background might act to address their violent behaviour. These include trauma, grief, anger, depression, anxiety and sadness (Rees & Pease, 2006). Misuse of alcohol and other drugs can adversely affect the capacity of perpetrators of DFV from a refugee background to deal with past trauma as well as the settlement challenges they are facing, and, as such, are also considered to be associated with, but not a cause of, the perpetration of DFV (James, 2010; Pittaway, 2005), and are described as reinforcing factors in Our Watch's *Change the Story* (Our Watch, Australia's National Research Organisation for Women's Safety, & VicHealth, 2015).

DFV is not perpetrated in a vacuum outside of the surrounding social and cultural environment. Indeed, as prior torture and trauma are commonly described in the context of perpetration of DFV (Rees & Pease, 2006), the argument could be made that the psychological effects of persecution and violence should be taken into account in perpetrator interventions in refugee background communities (Diamandi & Muncey, 2009; Rees, 2004). As such, understanding the pre-settlement experiences of those from a refugee background and incorporating them into interventions holds weight.

Pre-settlement experiences and use of violence

Approximately one in four individuals from refugee backgrounds have experienced torture, while approximately three in four have experienced traumatic events (Robert Wood Johnson Foundation, 2014). Such experiences include sexual assault, the disappearance of family members, shortages of food and the destruction of their homes (Harris, 2018; Khawaja & Milner, 2012; Segrave, 2017). Those who survive torture often suffer a range of mental health issues. Typically, these include symptoms of depression, anxiety, guilt, shame and anger. Traumatic experiences are often exacerbated by prolonged stays in, and experiences of, refugee camps, and

hence, individuals often suffer psychological stress (Harris, 2018; Segrave, 2017; Zannettino, 2013).

There is research that shows associations between experiences of trauma, including those highlighted above, and perpetration of DFV (Carlson, 2005; Gupta et al., 2009). Other research addresses experiences of violence more generally, including exposure to DFV in childhood, and make some, but more tenuous, links to its perpetration (e.g. Abrahams, Jewkes, Laubscher, & Hoffman, 2006; Ehrensaft et al., 2003; Fox & Benson, 2006; Raghavan, Mennerich, Sexton, & James, 2006; Timshel, Montgomery, & Dalgaard, 2017). The association between experiences of trauma and perpetration of DFV may partially be explained by the widespread exposure refugee men have had to violence (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002), with the impact of this exposure turned on family members through DFV (Carlson, 2005; Peavey & Zarkovic, 1996).

It must be noted, however, that refugee women are similarly tortured and experience trauma and do not resort to perpetration of DFV (Fisher, 2009). To say this another way, gendered drivers remain central to understanding the perpetration of DFV by men from a refugee background, but these drivers need to be understood within the context of the refugee experience.

Experiences of trauma can also affect refugee engagement with services (Harris, 2018) post-settlement. This is a "two-way street", however, as difficulties with engagement are exacerbated by challenges service providers encounter in identifying and supporting individuals from refugee backgrounds because of issues related to language and cultural differences (Saunders, Roche, McArthur, Arney, & Ziaian, 2016).

Against a backdrop of the negative impact of experiences of trauma and challenges with engaging with health and human service agencies in Australia, people arriving as refugees may have very limited or, indeed, no understanding of Australian responses and laws relating to DFV (Department of Social Services [DSS], 2015a). Similarly, they may not be aware that cultural norms, particularly those related to gender roles

and family life, are very different in Australia to those they have left behind (Fisher, 2009). There is evidence to suggest that pre-arrival information should include information on DFV and Australian laws relevant to DFV (DSS, 2015a; Fisher, 2009) and should be specifically designed for men who perpetrate DFV, particularly where severe trauma has been experienced (Bonar & Roberts, 2006).

The provision of pre-arrival information is insufficient, however. Baobaid (2008) argues that evidence from a community–development initiative indicates that understanding pre-settlement experiences and how they impact on settlement is key to the success of any intervention with perpetrators of DFV from a refugee background. This means that service providers need to understand complex trauma, defined by Courtois (2008, p. 86) as "a type of trauma that occurs repeatedly, usually over a period of time and within specific contexts and relationships", and how it affects these individuals (Schock, Böttche, Rosner, Wenk-Anshon, & Knaevelsrud, 2016; Vaughan et al., 2016). Such knowledge would support collaborative approaches and enhance broader understanding of the particular needs of perpetrators from a refugee background so that they may receive high quality services (Rees, 2004).

Understanding the impact of pre-settlement experiences has salience beyond interventions with perpetrators of DFV from refugee backgrounds. Versha and Venkatraman (2010) note that holistic interventions for refugee women who have experienced DFV must take account of pre-settlement experiences and the first 5 years post-settlement to ensure their safety and wellbeing and that of their families (see also Pittaway & Rees, 2006; Rees & Pease, 2007; Zannettino, 2013).

What the foregoing attests to is the need for all interventions to be trauma-informed. Underpinning trauma-informed interventions is an understanding of the effects of experiences of trauma on the behaviour of individuals. A trauma-informed intervention would also respond effectively to the contexts in which DFV is perpetrated (Bateman et al., 2013). Principles of trauma-informed care thus prioritise client safety and are underpinned by a strengths-based and empowering mode of practice (Bateman et al., 2013). Wilson et al. (2015), drawing

on research undertaken in the United States, note that trauma-informed care is based on the principles of emotional safety, the restoration of choice and control, the facilitation of connection, support for coping, responding to identity and context, and the building of strengths. Parris (2013) argues that in the clinical context there is a fine balance in working and empathising with trauma while at the same time ensuring the safety of women and children and ensuring that perpetrators are held responsible for their use of violence. The latter, she suggests, can only occur when the perpetrator is able to view his behaviour from "outside of himself" (Parris, 2013, p. 32) and has some strategies to change the manner in which he acts both within his family and more broadly. To support the safety of women and children, she suggests that professionals need to be in ongoing contact with the family of the perpetrator. When working in the area of interventions for perpetrators of DFV from a refugee background, this balance must be attained.

Post-settlement challenges and use of violence

Traumatic experiences pre-arrival impact both the ability of individuals from refugee backgrounds to settle into a new environment and family functioning (including changing family and gender roles) upon settlement (El-Murr, 2018). The challenges faced by those from a refugee background, thus, do not cease upon arrival in the host country, with such challenges also invariably impacting on engagement with interventions for DFV. With its focus on individualism (Rees & Pease, 2006), Australian culture may be unfamiliar to many who come from collectivist cultures. Impacts of this dissonance, such as alienation and mental health issues—including depression, anxiety and post-traumatic stress disorder (PTSD)—remain prevalent post-settlement. The risk of misuse of alcohol and other drugs is also an issue in refugee communities post-settlement (James, 2010; Pittaway, 2005).

Thomas (2000) argues that upon re-settlement, some men from a refugee background (the vast majority of whom have experienced trauma and persecution) use violence in a range of circumstances: to deal with stress, to express their feelings and

to address a perceived or actual loss of power.[7] Acculturation stress can arise during the settlement period. Acculturation has been described as a complex process where an individual is adapting to a new culture while simultaneously attempting to retain aspects of his or her original cultural identity (Khawaja & Milner, 2012). This can cause significant stress to those from refugee backgrounds (Khawaja & Milner, 2012). Acculturation can also cause stress on marital and family relations, particularly if family members adapt to the new culture at differing paces. Young people, in particular, adapt to a new cultural context and learn English more quickly (James, 2010), and exercise their new-found independence (Fisher, 2009; Muchoki, 2013). In James' (2010) study of Sudanese men, the men described feelings of conflicting loyalties: they were concerned for family members in Sudan and at the same time torn between loyalty to family and country and commitment to a new country and new culture. This could be alternately conceptualised as occupying a "third space" (Bhabha, 1994). This conceptualisation provides a spatial politics of inclusion and, as such, goes beyond James' (2010) conceptualisation and the binary thinking and oppositional positioning evident in colonial discourse (Meredith, 1998).

Along with the pre-settlement experiences discussed above, the perceived or actual loss of control and socio-economic status that men may experience in the context of immigration and resettlement experiences can also shape men's use of violence (Flood, 2013; Flory, 2012). Men feel disempowered and may increase efforts to regain or maintain control (Crosby et al., 2006; Flory, 2012). This perceived lack of control, when combined with limited family support (a reality for many from a refugee background), can represent a major point of stress for some men (Khawaja & Milner, 2012; Vaughan et al., 2016; Zannettino, 2012, 2013). Changes in family dynamics and conflict in interpersonal relationships may also exacerbate mental health issues. Settlement issues and issues related to acculturation combine to challenge supportive relationships

between family members and partners (Bek-Pedersen & Montgomery, 2006; Lee, Lytle, Yang, & Lum, 2010) and refugee parenting practices (Deng & Marlowe, 2013).

Of particular importance to many individuals from a refugee background are the changed and changing gender and family roles that they may experience. Where they are experienced, changed and changing gender roles include men feeling more emotionally dependant on their wives in their new country (James, 2010) and, at the same time, experiencing a decrease in status in the family (Fisher, 2009, 2013). For example, refugee men's experiences of underemployment or unemployment may mean that they are no longer the "head of the house" and "breadwinner" (Fisher, 2013; Vaughan et al., 2016). Although not specific to refugee men, Cobb-Clark and Khoo (2006) have found that those from a refugee background have lower levels of workforce participation (42.3%) and higher levels of unemployment (22.5%) than family migrants (63.8% and 10.4% respectively). Unemployment, with its implications for financial security, is also a significant stress-inducing factor experienced by men from refugee backgrounds that may have the potential to contribute to their use of violence towards their partner (Carlson, 2005; Pittaway, 2005; Zannettino, 2013). Not surprisingly, it has been argued that adjusting to the changing gender roles and a concomitant perceived lack of control can result in stress and tension and manifest in situations where some men may attempt to try to reclaim control through use of violence (see for example Fisher, 2009, 2013; James, 2010; Vaughan et al., 2016). At the same time, men may find it difficult to accept changes in the roles of women that the men may view as more socially liberal, as well as the role of the state in intervening in issues related to families (Fisher, 2009). The situation in refugee families, however, is complex. Notwithstanding some men's actual or perceived loss of control, some men control the finances of the household and require women to account for expenditure and come to them when what they have been given is insufficient (Fisher, 2009). This places men in a situation where their wives/partners are completely reliant upon them.

Patriarchal beliefs in refugee communities

Cultural practices such as forced and underage marriage—evident in some refugee communities, but not specific to women from a refugee background—are sometimes invoked to prevent girls from engaging in sexual activity outside of

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7   The conceptualisation of "power" is highly contested in the literature. Cannon, Lauve-Moon, and Buttel (2015) provide a very succinct overview of the operation of power in the context of DFV. Their work suggests that, from a post-structural perspective, power is seen to operate in a field of relations. Individuals, based on their social location, are able to exercise power and enact resistance to dominant forms of power through a range of tactics and strategies available to them. In their Marxist reading, the dominant group controls all forms of power. Thus, power is seen to be something that is "held" and, thus, can be lost. Although it is not explicitly identified, the work of Thomas (2000), too, appears to come from a post-structural perspective.

marriage or entering into relationships not deemed religiously or culturally appropriate (DSS, 2015a). In communities where the paying and receiving of dowry is practised, dowry abuse can bring with it significant risks in terms of experiencing DFV (DSS, 2015a). Results of research undertaken by DSS (2015a) found that some husbands may consider that they received insufficient payment and punish their wives until a larger amount is forthcoming. The movements of women can also be limited by their partners (Fisher, 2009).

The foregoing attests to the importance of taking account of the impact of patriarchal belief systems in the development and delivery of DFV perpetrator interventions, as traditional gender roles can provide the vehicle through which men control and abuse their partners (DSS, 2015a). Volpp (2001) reminds us, however, that cultures are not more or less patriarchal, but differently patriarchal (i.e., patriarchy is evident through different actions in different cultures) and offers two pertinent examples as support. She argues that domestic homicide and dowry murder are not discussed as though they are based on similar foundations, but in fact should be considered in the same light. Similarly, she argues that early marriage practices in some Western religious sects should be considered as analogous to early marriage in refugee communities.

There is also a need to understand how refugee communities conceptualise "family", and the important role family plays in community and social life (Diamandi & Muncey, 2009), if interventions for perpetrators of DFV are to be effective. In some communities, breaking up the family is seen as undermining culture and community. Understanding and accounting for this in interventions may be key to engaging men. The perception that some services, such as DFV and child protection services, encourage the breaking up of the family unit may also work to deter men (and women) from seeking support for violence (Fisher, 2009).

Refugee community involvement in DFV perpetrator interventions

There is evidence in the literature that to have the best chance of achieving positive outcomes, responses to DFV should simultaneously honour cultural differences and challenge abuse (James, 2010). Importantly, the literature suggests that DFV interventions should be community-owned and -embedded (Dimopoulos, 2010; Rees & Pease, 2006; Spitzer, 2007); service providers also need to place a high degree of importance on the involvement of the respective communities and community members (including Elders) (Dimopoulos, 2010; Spitzer, 2007). For those coming from refugee backgrounds, interventions developed and delivered in partnership with community members are likely to be much more familiar than counselling and group work. Hence, participants are more likely to feel safe and engage with the intervention (Karageorge, Rhode & Gray, 2018)—a necessary precursor to trauma-informed care. Community-based perpetrator interventions also could be more responsive to acculturation challenges and settlement stressors (Karageorge et al., 2018) than those that are not so based.

In her guide for engaging with immigrant and refugee communities in DFV prevention actions, Chen (2017) suggests that practitioners need to respect the expertise and experience of communities and community members and engage them in all stages of planning, implementation and evaluation of interventions. There is also evidence that involving communities—including male community members whose attitudes support gender equality and do not condone violence, and who hold perpetrators of DFV responsible for their use of violence—in prevention work is positive. Such community members have a good awareness of how DFV is perpetrated in their communities and, hence, can provide positive input into the best ways to deliver culturally safe community education and awareness (Chen, 2017; Versha & Venkatraman, 2010). A concomitant advantage of men's involvement is their ability to challenge gender stereotypes and the behaviours that condone DFV (Chen, 2017). Pease (2017) agrees, but cautions that men and boys should speak in support of women, not instead of women.

The value that consulting with or engaging community members brings to bear on DFV perpetrator interventions includes ensuring that the program is developed and delivered appropriately and that important concepts are presented in a manner that is easily understood by communities (DSS, 2015a). Working more broadly in the community around

raising awareness of DFV is reported as being important when developing interventions such as ethno-specific men's behaviour change programs (see for example the Whittlesea CALD Communities Family Violence Project in relation to the development of an Arabic–language men's behaviour change program in Victoria). Engagement with the community, however, should be reviewed to ensure that it is effective and achieving impact (Rees & Pease, 2006).

Previous research attests to the practice of refugee community members turning to their own community as a "first point of call" (Fisher, 2009, p. 97) for issues related to DFV. This being the case, Uehling, Bouroncle, Roeber, Tashima, and Crain (2011) argue, from an American perspective, that it is all the more important to ensure there is sufficient capacity, knowledge and experience within the community to address the perpetration of DFV in a manner consistent with relevant policy and law. Raj and Silverman (2002) support this assertion by suggesting that such an intervention is less likely to be perceived as Western ethnocentrism and that perpetrator interventions delivered by knowledgeable community members may enjoy increased receptivity as the messages are likely to be relevant and hence more likely to impact community norms (Raj & Silverman, 2002). Bonar and Roberts (2006) further argue that community-based and -driven DFV perpetrator interventions, as opposed to clinical or court mandated interventions, would reduce fear and stigmatisation and mitigate against the "papering over" (Mason & Pulvirenti, 2013, p. 411) of the issue within the community. It would also make visible the importance placed on women's safety in refugee communities (Dimopoulos, 2010).

Involvement of religious and community leaders

Over and above ensuring community-based and/or -partnered DFV perpetrator interventions are pursued, there is a growing literature that speaks to the importance of involving community and/or religious leaders in efforts to address DFV (see for example Fisher, 2009, 2015; Nnadigwe, Fisher, Wood, & Martin, 2018; Robert Wood Johnson Foundation, 2014). There is evidence to suggest that such leaders provide "entry points" into the community and that, without their support, it may be difficult to disseminate messages, communicate with community members and change community attitudes

(VicHealth, 2007, p. 55). The engagement of religious and other community leaders has other benefits. It can support the overcoming of shame and stigma that perpetrators of DFV may feel, as individuals would be engaging with an informal as opposed to a formal response system. Additionally, it would enable the promotion of healthy relationships within a cultural context. Rees and Pease (2006) add that men from a refugee background should be able to re-establish cultural norms that promote wellbeing; involving supportive religious and community leaders would facilitate this.

It is vital, however, that community and religious leaders who are engaged in supporting DFV prevention and intervention efforts do not hold violence-condoning attitudes. There is, for example, literature that questions whether religious institutions—historically built on unequal gender relations—are able to advance an agenda with gender equality at its core (Patel, 2011), and this needs to be given due regard when involvement of religious leaders is sought. To ensure supportive leaders (whether religious or secular) are involved in DFV prevention and intervention efforts, Poljski (2011) suggests undertaking consultation within the respective refugee communities.

The issue of the degree to which religious and community leaders are equipped to support intervention efforts is unclear (DSS, 2015a), with some literature noting that when community and religious leaders are sought for support they may encourage silence and maintenance of the abusive relationship (Dasgupta, 2000; Raj & Silverman, 2002). Additionally, some leaders may be unsure of when they should refer issues to external agencies, including the police, and some may be suspicious of such services and have concerns around family break-up. They may be unaware of the services to which they should refer and, as most leaders in refugee communities (particularly religious leaders) are male, there is concern that they may be more likely to believe the man's story (DSS, 2015a), provide an inappropriate response or suggest inappropriate further intervention.

These are important considerations, but the work undertaken by DSS (2015a) also noted that if well regarded community leaders, particularly male leaders, spoke out against violence and supported positive change within communities, more

men would take note and take steps to change their behaviour. Religious leaders are also speaking up against violence (Nnadigwe et al., 2018) and are educating their congregations about the issue through their sermons and preaching. Additionally, they have a good understanding of where and when to make appropriate referrals. The evaluation of the Healthy Relationships for African Families program also noted that trained community leaders were able to provide appropriate and accurate information about DFV within their communities (Fisher, 2015). The research site for the Nnadigwe et al. (2018) study and Fisher's (2015) evaluation of the Healthy Relationships for African Families intervention was Perth, where DFV prevention efforts have been undertaken in partnership between torture and trauma and DFV support agencies and African refugee communities over a period of more than 10 years. It is hypothesised that these ongoing efforts may have contributed to non-violent attitudes evident in both the research and the evaluation and speaks to the importance of continued engagement between agencies and refugee communities.

This work attests to the importance of leveraging supportive community structures to support DFV interventions, including those for perpetrators of violence. Such supportive structures in the community include bicultural and bilingual workers. Vlais, Ridley, Green, and Chung (2017) argue that group-based programs cannot be the sole response from the DFV sector with regard to refugee communities. The recruitment of, training in DFV and ongoing support for bicultural, bilingual professionals working in a range of sectors would enable violent men to be engaged in situations where a group-based program is not feasible. Bicultural, bilingual professionals thus play a particularly important facilitation role in ensuring that the focus of any intervention should be culturally aligned and practical (Murdolo & Quiazon, 2016). There is evidence also of the utility of the role of suitably skilled and trained community leaders who have successfully settled in their host country in building mentoring relationships with men who have been violent or are at risk of being so (Muldoon & Gary, 2011), and simultaneously addressing issues of DFV more broadly in the community.

Appropriateness of mainstream models of intervention in refugee communities

Murdolo and Quiazon (2016) argue that to effectively engage and work with men from refugee backgrounds, critical reflection on current models of support is warranted. In part, this is because some men from refugee backgrounds may not understand that their use of violence is potentially criminal in an Australian context and/or believe that Australian service providers prioritise the needs of women and children over the needs of men (see for example Fisher, 2009; Muchoki, 2013; Vaughan et al., 2016). Specifically, Murdolo and Quiazon (2016), arguing for a feminist intersectional approach to primary prevention of DFV, suggest that any intervention should account for the ways in which gender inequality, structural disadvantage and culture intersect. They also argue that an examination should be undertaken to illuminate the extent to which current models explicitly incorporate issues related to cultural diversity. Karageorge et al. (2018) take Murdolo and Quiazon's (2016) argument for reflection further by suggesting that there is a need to move away from Western models of DFV perpetrator intervention as discrete interventions, and in particular those programs where participants are referred or mandated to attend. As a complementary or precursor intervention, they argue that engaging with the community and embedding DFV awareness and information in events run by community groups will facilitate engagement with future or concurrent formal interventions.

Ensuring cultural relevance of interventions enhances their effectiveness (Murdolo & Quiazon, 2016). Flood (2013) provides further evidence of the importance of culturally relevant interventions. Specifically discussing primary prevention of DFV in CALD communities (which include refugee communities), Flood suggests that that there are six essential elements that should be included in interventions:

- The social and economic conditions of CALD men and communities should be addressed.
- The content should be culturally relevant and should acknowledge racism.
- Interventions should address culturally specific supports for violence and gender inequality.

- Interventions should draw on local resources to promote non-violence and gender equality.
- Interventions should engage with male community and religious leaders.
- Interventions should address men's experiences of changed and changing family roles and gender dynamics (Flood, 2013).

Men's behaviour change programs and refugee communities

The two main group programs that target perpetrators of DFV are psychoeducational and cognitive behavioural (Phillips, Dunkley, Muller, & Lorimer, 2015). Psychoeducational approaches are the most common and typically employ a feminist perspective placing responsibility for violence with the perpetrator and highlighting the role of patriarchal gender relations in contributing to DFV (Babcock, Green, & Robie, 2004). Cognitive behavioural approaches are more psychological in orientation and focus on violence as a learned behaviour (Babcock et al., 2004). However, the vast majority of research on men's behaviour change programs (which have expanded with the increasing trend toward criminalising DFV) (Price & Rosenbaum, 2009), emanates from outside Australia, with evidence only recently beginning to emerge in an Australian context. More generally, issues with evaluation design (Phillips et al., 2015) have been identified and systematic reviews have found few rigorous evaluation studies that have reported significant positive outcomes, with many noting high attrition rates with few consequences for the individuals contributing to these (see for example Ellsberg et al., 2015). The outcomes for perpetrators from a refugee background are likely, therefore, to be equivocal.

There is increasing evidence of the need to ensure that programs are matched to the characteristics of attendees (Jewkes, 2014) and that facilitators' practice is culturally safe (see for example Lum, 2003). At the time of writing (December 2019), at a policy level in Australia four states—Western Australia, Queensland, Victoria and New South Wales—have minimum standards or practice guidelines that describe minimum requirements for program development, staffing and evaluation (that is, standards to which men's behaviour change programs and other perpetrator interventions in that

jurisdiction must conform). They also provide guidance on the operations of DFV interventions including men's behaviour change programs. A number of standards in these documents address the importance of responding to cultural diversity among participants in the programs. Both Western Australia and New South Wales have principles that directly speak to both cultural diversity and the cultural competence of program facilitators (Department for Child Protection and Family Support, 2015; Department of Justice, 2017). In the Victorian minimum standards for men's behaviour change programs, agencies providing such programs are required to have formal links to agencies who support perpetrators from diverse communities (Family Safety Victoria, 2017). Similarly, the introductory sections of Queensland's professional standards note that interventions for CALD perpetrators must be culturally appropriate (Department of Communities, 2018). At a national level, standards two and four of the *National Outcome Standards for Perpetrator Interventions* (NOSPI) (DSS, 2015b) outline that perpetrator interventions should be designed to effectively respond to perpetrators from diverse cultures and communities.

Despite the guidance provided through policy and practice standards documents, there are very few culturally specific men's behaviour change groups in Australia (Flory, 2012) and even less for perpetrators from a refugee background. It is apparent, then, that where perpetrators from a refugee background are undertaking men's behaviour change programs, they are likely to be incorporated into mainstream programs. However, evidence for the effectiveness of these programs for those from CALD backgrounds (and, hence, refugee backgrounds as well) is inconclusive (see for example Bennett & Williams, 2001; Gondolf, 2012; Olver, Stockdale, & Wormith, 2011; Rothman, Gupta, Pavlos, Dang, & Coutinho, 2007). To be more effective, programs for perpetrators from a refugee background should be trauma-informed (Parris, 2013). They should also reflect the complex interplay of gender and multiple forms of oppression and disadvantage (structural and individual) and issues that impact on successful settlement (Rees & Pease, 2006). These issues include, for example, mental and physical health issues, limited education, impact of past trauma, under- and/or unemployment, discrimination and racism (Rees & Pease, 2006) and access to affordable housing (Atem & Wilson, 2008). While the ways in which men attempt to avoid responsibility through invoking their experiences

of oppression and disadvantage need to be understood by facilitators of men's behaviour change programs, it is still important that these experiences are acknowledged (Rees & Pease, 2006).

Given the reality that specific men's behaviour change programs for perpetrators from a refugee background are not readily available, to address their needs in mainstream programs, Muldoon and Gary (2011) argue that it is appropriate for program facilitators to stray from the curriculum at various junctures. They suggest that this diversion is undertaken to incorporate discussion of issues that are culturally relevant to DFV, including forms of abuse such as shame killings. It is also undertaken because differences in ethnicity, culture, language and religion shape perceptions about perpetration of DFV. Day, O'Leary, Chung, and Justo (2009) take this one step further by suggesting that men's behaviour change programs specifically may need to be delivered concurrently with intervention for related issues such as alcohol and other drugs use and mental health issues for some perpetrators of DFV, including those from a refugee background. The authors are keen to point out, however, that this individual focus should not remove the responsibility for the violence from the perpetrator and that a balance must be struck between the individual circumstances of the perpetrator, the context in which they used violence and how their violence affects women and children.

Conclusion

The context in which DFV perpetrators from a refugee background use violence is complex: structural disadvantage and a range of pre-settlement experiences and post-settlement challenges intersect with gender inequality in complex ways around DFV perpetration and also influence the ways in which perpetrators may act to address their behaviour.

Mainstream interventions, without alteration, may not be appropriate for perpetrators of DFV from a refugee background. To effectively respond to the perpetration of DFV in refugee communities, those developing or revising interventions need to ensure that issues of disadvantage and risk are recognised and that their intervention is culturally appropriate. Involving refugee communities in their development and delivery has been identified as an important strategy to ensure cultural appropriateness. It also has the advantage of ensuring that interventions are based on positive community values that eschew violence and are delivered in language that is appropriate, and that their content is pitched to the level of understanding of participants.

Methodology

As noted in the State of knowledge review, while some gaps in knowledge remain, a large body of literature accumulated over an extended period of time has established that the perpetration of DFV in refugee communities is associated with multiple factors at multiple levels. Any effective intervention or support program, therefore, needs to be underpinned by best practice principles developed from sound evidence. Having a solid evidence base from which the best practice principles were developed for this research is particularly important given the dearth of literature published on the topic of DFV as it relates to refugee communities, with the added complexities that experiences of torture, trauma and displacement (Fisher, 2009; Pease & Rees, 2008) and post-settlement experiences (Fisher, 2013; Versha & Venkatraman, 2010; Zannettino, 2013) bring to bear on its perpetration. This section presents the participatory methodology utilised for this study through which the evidence was generated for the development of the best practice principles.

The description of the participatory research methodology in this section includes details of the mixed methods design adopted, the philosophical assumptions underpinning the design, sample and recruitment of participants, and details of data collection and analysis. The conceptual framework of the study (a socio-ecological model) is also discussed along with relevant ethical considerations. The section commences with a discussion of the reference group formed for the study.

A reference group was formed to provide community and sector perspectives on the research activities associated with the project. As such, the reference group comprised community members as well as agency representatives from women's services, services for perpetrators of DFV, a CALD-focused agency, an agency providing torture and trauma support and an agency outside of Western Australia. Members were able to represent more than one category. This occurred in the case of the interstate representative who also worked in an agency providing support to survivors of torture and trauma. The research associate and principal researcher were also members of the reference group. The terms of reference of the group included providing community and sector perspectives on activities associated with the project, cultural input as appropriate, advice on the interpretation of research findings, and advice regarding the dissemination of the findings in

line with ANROWS's contracted requirements. The reference group met as required across the research timeframe.

Research questions

The aim of this research was to identify best practice principles to inform and underpin culturally appropriate, trauma-informed DFV interventions for perpetrators from refugee backgrounds.

The specific research questions addressed were:

1. How can perpetrator interventions be delivered to ensure cultural appropriateness for perpetrators from refugee backgrounds?
2. How can perpetrator interventions be delivered in refugee communities in a culturally appropriate and trauma-informed manner?
3. What principles should underpin interventions for perpetrators from refugee backgrounds and in refugee communities to ensure best practice?

Research design

A participatory methodology involving individuals from refugee countries was utilised for this study. The ceding of power to community members (research participants) as co-researchers is a cornerstone of a participatory methodology (Cornwall & Jewkes, 1995). Participatory research deliberately includes affected communities and/or community members as partners in the research process (Bergold & Thomas, 2012; Cornwall & Jewkes, 1995) and a high value and respect is placed on their knowledge and capabilities (Bergold & Thomas, 2012). Participatory research is thus undertaken via a collaboration between researchers and those whom the research is intended to benefit—in this instance, members of refugee communities (Bergold & Thomas, 2012; Cornwall & Jewkes, 1995). Participatory research is also empowering, as it builds community capacity around research—and, in this instance, DFV—through deep involvement in the research process (Kemmis & McTaggart, 2005). Full details of the involvement of refugee community members in this research are discussed below under Phase 2 (qualitative data collection).

A mixed methods research design was adopted for this participatory research study. The central premise of mixed methods research is that combining quantitative and qualitative approaches provides a deeper and more nuanced understanding of the topic being researched than either approach alone (Creswell & Plano Clark, 2007). The multi-level nature of, and complexity involved in, the perpetration of DFV by individuals from a refugee background requires a research design that facilitates this deeper and more nuanced understanding and, as such, a mixed methods approach was deemed appropriate. Tashakkori and Creswell (2007, p. 4) broadly define mixed methods research as

> research in which the investigator collects and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative approaches or methods in a single study or program of inquiry.

Mixed methods research as a research paradigm is therefore distinct from multi-method research in that it integrates the findings of the qualitative research and the quantitative research either though connecting or mixing data sets (Creswell & Plano Clark, 2007). Specifically, the study utilised a sequential exploratory mixed methods design (Creswell, 2009). This research design is multi-phased and begins with qualitative data collection and analysis followed by quantitative data collection and analysis (Creswell & Plano Clark, 2007). For this study the qualitative and quantitative phases were given equal weight (denoted in mixed methods research as QUAL → QUAN).

In this study, data sets were connected through the findings of an integrative literature review and qualitative data collection and analysis informing the development of a Delphi questionnaire. Connecting data sets, as was undertaken for this study, provides a more complete understanding of the issue under investigation than if either dataset (qualitative or quantitative) were singly used (Plano Clark, 2010). A mixed methods design is also appropriate for this study as it enables the issue of perpetration of DFV to be viewed through qualitative and quantitative lenses and the information to be contextualised. In so doing, a more complete understanding of the issue is provided.

In this study, the findings of Phase 1 (integrative literature review) and Phase 2 (qualitative research comprising in-depth semi-structured interviews and focus groups) informed the development of Phase 3 (the questionnaire which was used in a two-round Delphi technique). The output from the Delphi is a set of best practice principles to inform and underpin culturally appropriate perpetrator interventions for perpetrators of DFV from a refugee background. Figure 1 provides a summary of the design in diagrammatic form.

Figure 1: Research design

PHASE 1

Integrative literature review

Informed Phase 3

PHASE 2

Qualitative data collection and analysis

Informed Phase 3

PHASE 3

Two-round Delphi data collection and analysis
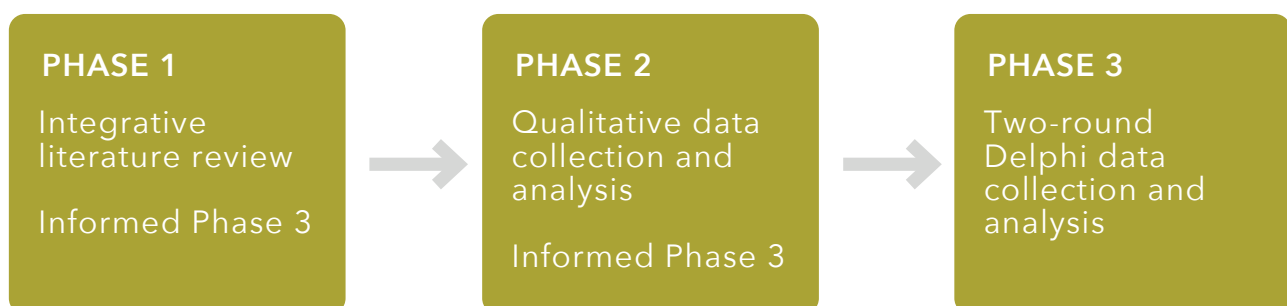
Figure 2: Change the story—A shared framework for the primary prevention of violence
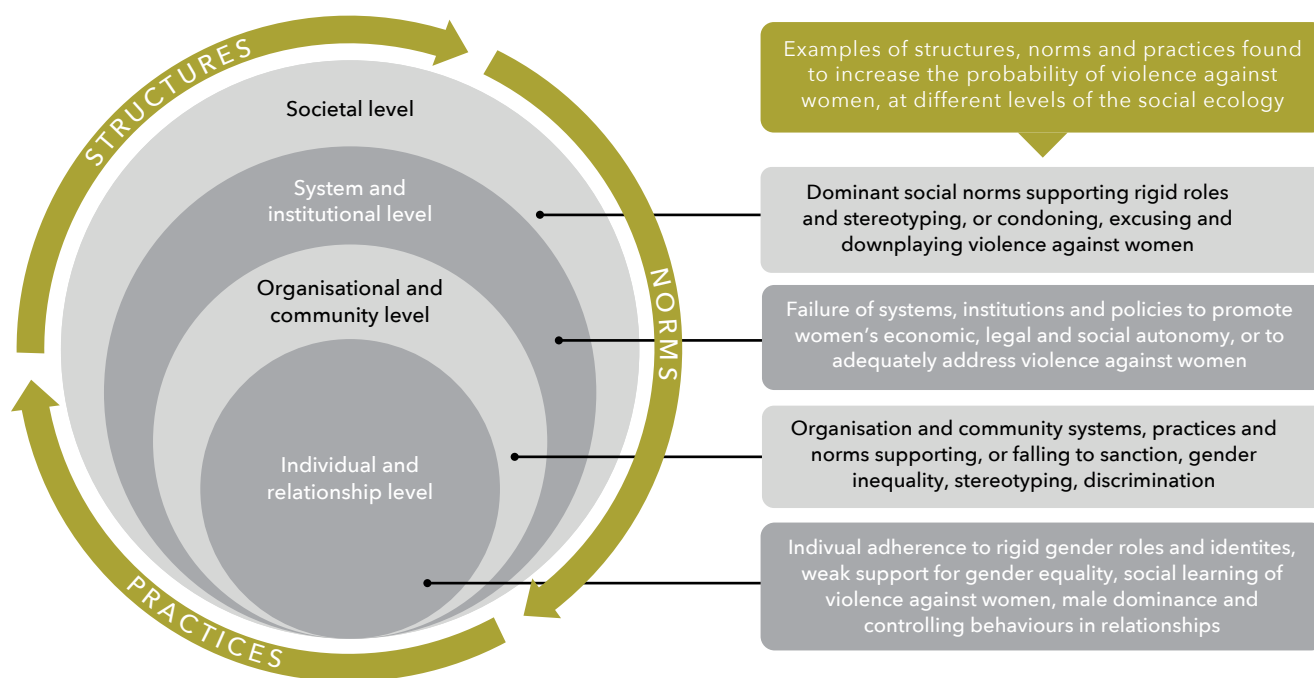
Source: Our Watch et al. (2015)

Philosophically, the research design was underpinned by pragmatism. Pragmatism, as a paradigm, holds that knowledge production (e.g. research) occurs within a social context (Morgan, 2007) with human experience the starting point for it (Morgan, 2014). Teddlie and Tashakkori (2011) argue that pragmatism is the "one" overarching philosophical paradigm that can appropriately underpin the quantitative and qualitative components of mixed methods research in a best attempt to bring together the insights provided by both (Johnson & Onwuegbuzie, 2004). Pragmatism accepts, philosophically, that there are singular realities (an assumption of quantitative research) and multiple realities (an assumption of qualitative research) that are open to empirical inquiry, but sidesteps the related philosophical debates. Additionally, pragmatism orients itself toward solving problems in the "real world" based on "what works" (Morgan, 2007), and as such provides a robust underpinning to support research for which the final objective is the translation of findings to policy and practice.

A socio-ecological model (see for example Heise, 1998) adapted from the ecological model first developed by Bronfenbrenner (1978) was adopted as the conceptual framework for this study. A socio-ecological model is a theory-based framework that enables an understanding of factors (personal and environmental, and their interaction) that influence behaviours. In this model, behaviours are both shaped by and shape the social environment in which they occur. The model is also valuable for identifying leverage points for potential interventions. As a conceptual framework for this study, a socio-ecological model facilitates accounting for the complexity of DFV and the multiple factors at multiple levels (individuals, relationships and families, organisations and communities, and the broader societal level) that put individuals at risk of, or protect them from, perpetrating DFV. A socio-ecological model also has the capacity to situate experiences of torture, trauma and displacement, which—as mentioned above—need to be taken into consideration in order to respond appropriately to perpetrators of DFV from a refugee background.

A socio-ecological model is also utilised for Our Watch's *Change The Story: A Shared Framework for the Primary Prevention of Violence* (Our Watch et al., 2015) which is provided here as Figure 2. The overlapping circles in the model depict how factors at one level influence those at other levels. A socio-ecological model is also utilised widely in research informing responses to DFV globally, including by the World Health Organization (WHO, 2005) and the Australian Institute of Family Studies (Campo, Kaspiew, Moore, & Tayton, 2014).

Our Watch's model above highlights Heise's (1998) contention that a single-factor explanation for DFV is not sufficient. Rather, any theory or framework must be able to account for why individual men use violence (the domain of social science insights) and, at the same time, why women are predominantly the target of that violence (the domain of feminist theorising). One of the early proponents of adopting a socio-ecological model to underpin research related to gender-based violence, Heise (1998) argues that the primacy of culturally constructed messages about male and female roles must be recognised in research. Similarly, gender inequality (at the societal level) should be constructed as the foundation

underpinning any theory about violence. A socio-ecological model is, thus, able to incorporate both feminist and social science insights.

Phase 1: Integrative literature review

An integrative review strategy, first described by Torraco (2005) and further described and adapted in 2016 (Torraco, 2016), underpinned Phase 1. Torraco (2016) guides researchers undertaking an integrative review by articulating three steps that should be carried out. Researchers need to describe:

- how literature was identified (using a set of established criteria to identify a body of existing literature relevant to the proposed research questions)
- how the identified body of literature was analysed
- how it was synthesised.

Torraco (2005) suggests that for topics that are relatively new and have not previously been the subject of a comprehensive literature review (as is the case for examining DFV interventions for perpetrators from refugee backgrounds), the review will lead to an initial conceptualisation of the topic (Torraco, 2005). As the purpose of this review was to support the development of a questionnaire to be implemented in a future phase of the research, the process described below both aligns with the process described by Torraco (2005) and meets the goal of Phase 1 of the study.

The methodology for the integrative review comprised three key stages:

1. a search process
2. a data extraction process
3. an analysis process leading to the presentation of findings.

Stage 1: Search process

Searches were conducted on a number of relevant databases, including:

- ProQuest 5000 International
- Global Health via OVID

- MEDLINE via PubMed
- Academic Search Premier
- Australian Public Affairs—Full Text (APA—FT)
- JSTOR
- SocINDEX
- AUSThealth via Informit
- Australian Family & Society Abstracts Database— Aboriginal and Torres Strait Islander Subset (FAMILY— ATSIS)
- ProQuest Health & Medicine Complete
- SAGE Journals
- Web of Science via the OneSearch function available through the library at the University of Western Australia.

To be included in the review, documents needed to be in English language, published from 2000–2016 and, because the purpose of the review was to identify evidence of interventions for perpetrators from a refugee background, report an actual intervention or factors that should, potentially, be taken into consideration when developing and/or implementing such interventions. The search strategy yielded a total of 243 documents which were carried forward to Stage 2 (described below).

A search of reputable websites for grey literature (including conference papers, government reports, reports from Human Service agencies and program recommendations) containing information about the perpetration of DFV, or interventions for perpetrators of DFV, in refugee communities was also undertaken. From this search, six key documents (excluding practice outcomes, standards and/or guidelines) were identified and carried forward as part of the 243 documents to Stage 2.

As the terms "refugee" and "CALD" or "immigrant" are often conflated in the literature, a further set of keywords was used to extract data on perpetrator interventions with groups from similar backgrounds. Keywords used were: culturally diverse groups AND domestic family violence (16); perpetrator interventions CALD men Australia (24); CALD perpetrator interventions (23); domestic family violence CALD communities Australia (19). This strategy yielded 82 articles of potential interest which were also carried forward to Stage 2 as part of the 243 documents.

Stage 2: Data extraction process

The next step in the process (Stage 2) involved preliminary reading of titles and abstracts (where appropriate) to eliminate duplicates and refine the scope of the review to documents that would provide relevant information to inform the development of best practice principles underpinning DFV interventions for perpetrators from a refugee background. To this end, the preliminary reading was focused on identifying literature that discussed the perpetration of DFV in refugee communities and/or both CALD and refugee communities where the issues for those from a refugee background could be clearly delineated. The focus was also on identifying literature that described responses to and/or interventions for DFV for perpetrators from refugee and/or CALD or immigrant backgrounds where issues unique to those from a refugee background could be delineated. Where the title and abstract did not provide sufficient information to make a decision around inclusion or otherwise the document was read in its entirety.

From the Stage 2 process, only six documents were carried forward to the analysis (Stage 3).

Stage 3: Analysis process

Findings included in the six documents were synthesised and themes contained therein identified. Included documents were then categorised according to their type, and their level of evidence according to the Joanna Briggs Institute Level of Evidence noted. This schema for identifying levels of evidence was chosen for this research because it has a range of categories against which evidence can be assessed: feasibility, appropriateness, meaningfulness and effectiveness. For the purposes of this research the Joanna Briggs Level of Evidence as it relates to "meaningfulness" (Joanna Briggs Institute Levels of Evidence and Grades of Recommendation Working Party, 2013) was utilised to enable the assignment of level of evidence against qualitative research—the research designs of the six documents analysed in Stage 3. The meaningfulness category includes five levels of evidence:

- Level 1: Qualitative or mixed methods systematic review (highest level)
- Level 2: Qualitative or mixed methods synthesis
- Level 3: Single qualitative study

- Level 4: Systematic review of expert opinion
- Level 5: Expert opinion (Joanna Briggs Institute Levels of Evidence and Grades of Recommendation Working Party, 2013, p. 5).

Phase 2: Qualitative data collection

Phase 2 examined how interventions with DFV perpetrators should be delivered and the principles that should underpin these interventions. Data were collected via in-depth, semi-structured interviews with community members from five refugee countries (Sudan, Afghanistan, Iran, Iraq and Burma), undertaken by trained bicultural, bilingual research assistants, and via focus groups with service providers (CALD, refugee and mainstream DFV, health and human service agencies) in Perth, Western Australia.

In-depth interviews

Bicultural/bilingual research assistants

Evidence from previous DFV research in refugee communities (Fisher, 2009) suggests that training bicultural, bilingual research assistants to undertake interviews in their respective communities is an effective way to collect relevant and rich data. Bicultural, bilingual research assistants were best placed to collect qualitative data for a number of reasons. The issue of DFV is a sensitive one in refugee communities, yet gaining rich data from community members was vital to the success of the project—even more so because of the dearth of evidence available to inform interventions in the literature. Bicultural, bilingual research assistants were members of the communities involved in the study, and were also known to community members. As community members themselves the research assistants were able to ensure that the broad thrust of questions on the interview guide used and the actual wording used in each interview was culturally sensitive and provided cultural safety to participants and their communities. Additionally, they had insights and networks into their community; they understood what would be and what would not be culturally safe in terms of recruitment of participants to the study; they knew who in the community they could approach to act as gatekeepers for recruitment of participants; and they were able to undertake the interview in participants' first language, thus ensuring those with limited English language fluency were not

excluded from the study. The bicultural, bilingual research assistants from each community were also able to support each other and provide each other with ideas and guidance with regard to recruitment and interviewing of participants.

Ten bicultural, bilingual research assistants—one male and one female from each of the five included countries—were recruited through the networks of the Association for Services to Torture and Trauma Survivors (ASeTTS). Discussions were held with community development staff at ASeTTS who were asked to identify potential research assistants from their database of community workers, interpreters, and those who have filled other roles in activities and community events and who they believed could ably perform a research assistant's role. A position description for the role was developed in line with the University of Western Australia's requirements for research

assistants and disseminated to identify potential research assistants, inviting them to apply for the positions. Shortlisted applicants were invited to attend an interview with the project research associate and the first named investigator (Fisher). The recruited research assistants held tertiary qualifications, were currently tertiary students or were involved in community-based program delivery or interpreting.

The bicultural, bilingual research assistants were trained over two days by Fisher and the research associate to ensure they were well prepared to undertake the role. This comprehensive training had been delivered to research assistants employed for previous DFV research in refugee communities (Fisher, 2009) and adapted for this research project. The topics that were covered as part of the training are outlined in Appendix A.

Table 1: Demographic details—In-depth interview participants

Demographic characteristics		Number of participants (n)	Total
Community	Iran	8	40
	Iraq	8	
	Burma	8	
	Sudan	8	
	Afghanistan	8	
Gender	Male	20	40
	Female	20	
Age (years)	18-24	3	40
	25-34	7	
	35-44	14	
	45-54	8	
	55+	8	
Employment status	Looking for work	6	40
	Student	6	
	Employed[a]	13	
	Caring responsibilities	7	
	Other[b]	8	

Notes:
[a] Includes part-time and full time employment
[b] Includes volunteer work, pensioner and not employed

Sample population and sample size

The five countries included in Phase 2 of the research—Iran, Iraq, Sudan, Afghanistan and Burma— were selected to ensure maximum variation in terms of ethnicity, religion (Islam, Ba'hai, Buddhist and Christian) and geography to best reflect the broader refugee population. They were also selected based on the population size for the top countries of birth of people in Western Australia who have permanent visas under the Humanitarian Stream, and who arrived in Australia between 1 January 2005 and 31 December 2015 (personal communication with ASeTTS Community Development Team, 2016). As further evidence of the relevance of these five countries for this phase of the research, four were in the top 10 countries for humanitarian entrants nationally in 2015–16 (Iraq, Burma, Afghanistan and Iran) (Settlement Services International, 2017). Sudan was chosen for inclusion in the study because a significant number of humanitarian visas were issued to Sudanese entrants (albeit outside of the 2015–2016 timeframe), with entrants making up the fastest growing refugee population as at 2009.

A total of 40 community members were purposively recruited and participated in an in-depth interview. Participants included women who had experienced DFV (disclosed in interviews), men who were perpetrators of this kind of violence (disclosed in interviews), community leaders, elders and community members who had an understanding of the issue in their respective communities. Participants were also drawn from a broad age range. Table 1 provides demographic details of Phase 2 in-depth interview participants.

Recruitment of participants

Recruitment of potential participants for in-depth interviews was undertaken by the bicultural, bilingual research assistants. Having the research assistants recruit participants was an important component of our participatory methodology, has precedence in an earlier study undertaken by Fisher (2009), was valued by the respective communities and elicited robust data. Research assistants, as members of the respective communities, understood the cultural requirements to ensure that recruitment was undertaken in a culturally sensitive manner. As such, the recruitment processes for each country varied. Common across the countries, however, was

the need to make multiple contacts to establish rapport and trust before potential participants were invited to be involved in the research. Common also was the use of community events to provide information about the research and identify potential participants.

To be included in the study, potential participants had to be from a refugee background, and to have knowledge of DFV as a result of providing informal support for it, and/or have experience of DFV (either as a victim/survivor or perpetrator). Female research assistants recruited and interviewed female participants and male research assistants recruited and interviewed male participants. Ensuring the participant and the interviewer were of the same gender was important due to the gendered nature of the topic, and given the cultural importance of gender alignment highlighted by previous DFV research with (African) refugee communities (Fisher, 2009).

Upon identification that an individual could potentially be included in the study, the research assistant provided details about the research verbally and through the participant information form (see Appendix B), and answered any questions the participant may have had. Potential female participants in particular were reminded of the importance that the participant information form be closely guarded due to potential safety risks.

Prior to an interview taking place, the research assistants often engaged on multiple occasions with a potential participant to build rapport. During these discussions, information about experiences or uses of violence was sought in a manner that was respectful to culture. Upon agreeing to participate in an interview, a mutually convenient time and safe place (for example, public parks and rooms in public libraries) was arranged for the interview to take place. Interviews were only completed in the woman's home when she was known not to have experienced or be experiencing DFV from her current partner. The importance of safety was addressed and stressed to bicultural, bilingual research assistants during training. Prior to commencement of the interview, written consent to participate was obtained (see Appendix C).

Data collection

In-depth interviews lasted between 20 minutes and 2 hours and were audio-recorded with consent. Participants were given the option of being interviewed in English or their first language. The languages used in the interviews in each of the countries are provided in Table 2. As bilingual research assistants undertook the interviews for this study, no interpreters were used at any stage of the study.

Table 2: Languages used in in-depth interviews

Community	Languages of interviews
Burma	Burmese
Iran	Persian
Iraq	Arabic
Sudan	Dinka, English
Afghanistan	Farsi/Dari[a], Hazaragi

Note:
[a] Dari and Farsi are two dialects of the same language

Topics covered in the interviews included understandings of DFV post-settlement in Australia; awareness of approaches for supporting perpetrators of DFV (pre- and post-settlement); support-seeking behaviours of perpetrators of DFV; perspectives on how a program to support perpetrators of DFV in the respective communities would "look"; how it could be shaped by the needs and interests of refugee communities; perspectives on whether perpetrators of DFV would attend; and in what ways, if any, mainstream perpetrator intervention programs are beneficial for perpetrators from a refugee background. The interview guide is included as Appendix D.

To compensate for costs (monetary and time) incurred through participation, each interviewee was given a $30 gift voucher.

Focus groups

Two focus groups were run with service providers to triangulate the perspectives of community members with those of professionals involved in the DFV sector and related areas.

Sample and recruitment

Two focus groups were undertaken, each with five participants (n=10) from men's behaviour change programs, women's services, women's health, refugee support services and DFV services. The smaller number of participants than anticipated in the focus groups was due largely to the difficulties faced in scheduling the group at a time and location that was convenient for all. Scheduling was particularly challenging as potential participants work in crisis support agencies and client-fronting roles, and undertake shift work. Although the number of participants in each of the focus groups was small, as this was the only opportunity for professionals to contribute to the research, the smaller size meant that each participant was able to have greater input. The result was more detailed information from those present. The breadth of sectors included meant that there was sufficient diversity amongst participants to ensure a spread of perspectives and ample opportunity for participants to interact with each other on the topics discussed. In designing the research, focus groups were the preferred data collection method for participants who are involved with DFV in a professional capacity as they would be comfortable talking about the issue in the company of others and have the knowledge and experience of the issue to engage with each other in a group setting. This is a hallmark of an effective focus group (Morgan, 2004).

Potential participants for focus groups were identified by the research team. To be included in a focus group, potential participants had to be involved in a professional capacity in responding to DFV and to have professional experience of this in a refugee context. A list of potential agencies was developed using the research team's knowledge of the relevant sectors. An email with the participant information form (see Appendix E) and participant consent form (see Appendix C) attached was sent to potential participants, inviting them to indicate their willingness to be involved in a focus group. Potential participants were asked to make contact with Fisher. A follow-up phone call was made to potential participants if there was no response 1–2 weeks after the email was sent, to ascertain their willingness or otherwise to participate. Upon agreeing to participate, the participant was invited to attend of one the scheduled focus groups. Because the interaction between participants is a defining feature of focus

groups (Morgan, 2004), each focus group contained both professionals from men's behaviour change programs and women's services. The purpose of having professionals from different sectors in the same group was to enable interaction and to elicit differences of perspective.

Data collection

Each focus group ran for approximately 1 hour and was audio-recorded. Topics covered in the focus groups mirrored those in the in-depth interview, but participants were asked to frame their responses based on their professional experience in working with community members from a refugee background and through service provision (Appendix F).

Data analysis

In-depth interviews and focus groups

Audio recordings from each interview in English and focus groups were transcribed verbatim. To ensure confidentiality, individuals, places and agencies were given pseudonyms. Interviews conducted in a language other than English were translated to a digital format by the research assistant who undertook the interview and likewise transcribed. There is debate in the literature around translation of qualitative interviews from the language in which they were undertaken to English (see for example Polkinghorne, 2005, 2007; Squires, 2009). Ensuring translation reflects the original meaning is important because the validity of qualitative research rests, in part, on the closeness of the meanings of experience as expressed by participants and how they are interpreted in the findings (Polkinghorne, 2007). The process of translation is also a process of interpretation (van Nes, Abma, Jonsson, & Deeg, 2010). The research assistants were well placed to appropriately convey the meaning in English of any metaphors used by participants. Having the research assistants undertake the translation helped ensure that the meaning intended in the spoken words was well understood due to their presence at the interview (van Nes et al., 2010). This meaning was able to be transferred to the translated version. All transcriptions were imported into QSR NVivo 11 to facilitate data storage, management, interrogation and analysis.

Data were analysed by the research associate and Fisher using conventional content analysis, as described by Hsieh and Shannon (2005). A conventional content analysis is a data analysis process through which large amounts of text are inductively classified into categories of similar meaning. Specifically, all data were read line-by-line and important concepts that related to potential principles that could underpin and/or inform culturally appropriate interventions for perpetrators of DFV identified and coded. As the analysis continued, these concepts were clustered together to form categories. Each category was interrogated to ensure internal homogeneity and external heterogeneity. A further abstraction was undertaken through the clustering of categories to form themes, with a description given to each theme to reflect its content. Each theme represented one candidate best practice principle. The categories that were clustered to form each theme (that is, the dimensions along which the theme was described) became sub-principles for their respective candidate best practice principle. A total of 12 themes (and hence 12 candidate best practice principles with associated sub-principles) were identified through data analysis and incorporated into the Round 1 Delphi questionnaire.

The name given to each theme and category during analysis was descriptive of its content, but not worded in the format required for a candidate best practice principle or sub-principle. To enable the conversion of the analytical description given to each theme or category to one that reflected a candidate best practice principle or sub-principle, the analysis was taken to meetings between researchers and reference group members and workshopped to formulate such wording while remaining true to the thematic content.

To identify those themes that were deemed important by larger numbers of participants, quantification through a summative approach was undertaken. A summative approach quantifies the appearance of, for this research, the number of participants who discussed each theme. The node summary report in NVivo facilitated this quantification. Each theme identified during conventional content analysis was interrogated to quantify the number of individual participants who perceived it as being important. The unit of analysis in this process was the individual (in-depth interviews) and the group (focus groups).

Rigour—Qualitative data collection

Rigour in the research process and analysis was ensured through elements of trustworthiness as articulated by Lincoln and Guba (1985), namely credibility (the accuracy of the description of the issue); dependability (a recognition that the realities of participants differ); transferability (the reader is able to assess whether the findings are relevant in other contexts); and confirmability (the conclusions are dependent on the conditions of the study, not the researchers). Credibility is evident through bicultural, bilingual research assistants having prolonged engagement in the field and developing trust and rapport with interview participants; through investigator triangulation during data analysis (two analysts undertook the analysis and came together regularly to discuss the developing analysis and arrive at consensus where interpretation of data differed); and through methodological triangulation (integrative literature review, in-depth interviews and focus groups). Dependability is assured through an audit trail of decisions made during data analysis, transferability through the provision of context in written reports and confirmability through discussions with the reference group about the analysis, the working of potential best practice principles and the construction of the Delphi questionnaire.

Phase 3: Delphi technique

The Delphi is a recognised research technique for facilitating reliable consensus of opinions (Helmer-Hirschberg, 1967) and an accepted technique to use in the absence of a body of knowledge in the area. It brings with it rigour that helps strengthen the validity of the results. Specifically, a Delphi involves structured interaction among a panel of experts on a subject, typically over two or more rounds. Panel members respond to questions or prompts on a questionnaire, provide their answers and justification for them, and return them to the researchers. Following analysis of the questionnaire the results, which include information on how the panel members have responded, are returned to panel members in a second round. Panel members then have the opportunity, or not, to change their responses in light of the knowledge and insight they have gained from having access to the views of others. Over the usual two rounds of Delphi, consensus of the panel

of experts is reached, as was the case for the Delphi technique for this study (see also Falzarano & Pinto Zipp, 2013; Kezar & Maxey, 2016; Wilkes, 2015).

Participant characteristics and recruitment

To ensure cross-jurisdictional and cross-cultural relevance, as well as cultural and religious diversity and varying duration post-settlement, the participants had expert knowledge of DFV across the refugee regions from where significant numbers of refugees have been resettled since 2000 (East Africa, West Africa, Middle East and Asia). We adopted a traditional approach for our Delphi (Helmer-Hirschberg, 1967), with the inclusion of an expert panel despite our participatory methodology. This is the most common approach taken in studies utilising Delphi. Panels reflecting a more participatory methodology have only recently begun to be discussed in the literature (see for example Kezare & Maxey, 2016). Inclusion criteria for the panel included being at least 18 years of age, coming from a CALD background (though having a refugee background, specifically, was not a requirement), experience in working with refugee communities around issues of DFV and/or having a sound understanding of DFV in refugee communities and Australian system responses. The combination of these criteria negated the need for panel members to specifically come from a refugee background: having a CALD background was considered sufficient. Twenty-seven individuals (12 male and 15 female) were recruited nationally to the Delphi panel. Their countries of origin included South Sudan, Nigeria, South Africa, Burundi, Burma, Malaysia, Singapore, Sri Lanka, Afghanistan, Iraq, Iran, Jordan, Lebanon, Syria and Palestine. In line with reporting of Delphi method findings (see for example Freitas et al., 2018; Haines, Miklich, & Rochester-Eyeguokan, 2016; Higgins, Veach, LeRoy, & Callanan, 2013; Ryan et al., 2011; Uyei, Li, & Braithwaite, 2015), we did not collect detailed demographic information of panel members such as age, experience working with refugee communities or profession.

Potential participants were identified by the research team through desktop searching; through networks and contacts of the project's reference group members; and through DFV and refugee sector networks of the research team. An email was sent to potential agencies or participants if they were

able to be identified, attaching the participant information (see Appendix G) and consent form (see Appendix H) and containing full details of the study, what participation involved and inviting them to participate. They were further advised that the information provided by all participants would be analysed and they would be sent the findings from the analysis in a second round and given the opportunity to re-consider (or not) their ratings/rankings based on information provided by other participants. The intended outcome of the research—namely, the development of best practice principles to inform DFV interventions for perpetrators from a refugee background, to be distributed nationally—was also relayed. Potential participants were asked to reply via email with their willingness to be involved and the email address to which they wanted the questionnaire sent. Specific instructions on how to complete the questionnaire were included in the document (see Appendix I).

If there was no response 1–2 weeks after initial contact, a follow-up phone call was made or another email sent. When an individual agreed to participate, the email address to which they would like the Delphi questionnaire sent was noted.

Panel members were compensated for their time through a $50 gift voucher forwarded after receipt of their response.

Delphi round 1

Data collection

Data were collected through a questionnaire emailed to panel members (see Appendix I). The questionnaire included each of the 12 candidate best practice principles and associated sub-principles. Panel members were asked to rate the candidate best practice principles and sub-principles on a four-point Likert scale—1 (very unimportant), 2 (unimportant), 3 (important) or 4 (very important)—and provide a rationale for their rating. They were also asked to rank the candidate best practice principles (only) 1–12, with 1 being the most important and 12 the least important. They were again asked to provide justification for their ranking. At the end of the questionnaire a glossary of terms was included describing a range of terms used in the area of DFV. The purpose of asking panel members to rate each of the candidate best

practice principles and sub-principles was to ascertain which candidate principles were supported for inclusion in the final document as best practice, and, conversely, if there were candidate best practice principles that panel members believed should not be included. The purpose of asking for a rating for each of the candidate best practice principles was underpinned by a recognition that there are a range of potential DFV perpetrator interventions. Having the candidate best practice principles ranked in order of importance could provide guidance for those agencies who are revising or developing DFV interventions for perpetrators from a refugee background as to which principles are more important and, therefore, should be given a higher priority in their process of developing the intervention, should it not be relevant or feasible to incorporate more. Based on discussions in the reference group following analysis of the Round 2 Delphi responses, it was determined that the best practice principles should not be hierarchically ordered because of the diversity in terms of potential interventions, the relationship (if any) between the agency developing or delivering the program and affected refugee communities, the capacity of refugee communities to support interventions, and the potential for conflict between the 12 best practice principles.

Data analysis
Quantitative analysis

Data from the Delphi questionnaires were entered onto an Excel spreadsheet and then imported into and analysed through SPSS (Version 22). Frequency statistics and standard deviation were calculated for each response. The mean provided a numerical indication of support for each response and the standard deviation a measure of dispersion of responses. The stronger the consensus, the smaller the standard deviation. To determine which of the 12 principles were considered more important than others, mean scores for each candidate best practice principle were calculated and these scores were ranked with the lowest score indicating the top ranked principle.

Qualitative analysis of comments

A conventional content analysis (Hsieh & Shannon, 2005) was utilised for the qualitative data analysis. Each comment was closely read and important concepts identified. As the analysis proceeded, like-comments were clustered together to form categories. Each category was then summarised and

used to provide contextual information for the research team around the thinking of panel members. This information was examined for unique perspectives that may have indicated that there were literature or perspectives that had been overlooked in Phases 1 and 2.

Delphi round 2

Data collection

Results of Round 1 were incorporated into a revised questionnaire for Round 2. The Round 2 questionnaire indicated which candidate best practice principles were most supported, with the mean from Round 1 provided. The candidate best practice principles were ordered on the Round 2 questionnaire by the mean ranking scores. Because all the candidate best practice principles were rated as either "important" or "very important" in Round 1, in Round 2 participants were only asked to rank each candidate best practice principle. Delphi panel members had the opportunity to change (or not) their ranking of each candidate best practice principle. The Round 2 Delphi questionnaire is attached as Appendix J.

Data analysis

Data were received from 23 participants, however six were excluded due to missing data or response errors (e.g. multiple "1" ranks). The analysis undertaken in Round 1 was repeated in Round 2. For the quantitative component, means and standard deviations were calculated for each candidate best practice principle. The candidate best practice principles were then ranked from the lowest mean (indicating the most important) to the highest mean. For the qualitative component, conventional content analysis (Hsieh & Shannon, 2005) was utilised. Despite the small number of comments received in Round 2, each comment was read closely and important concepts and words highlighted. Concepts were then clustered together to form categories and summarised. The draft best practice principles document (a different document to the Delphi questionnaire) was not sent to Delphi panel members for final review. The wording of each best practice principle, however, was reproduced from the Delphi questionnaire.

Ethics

Ethical approval to undertake the study and for the study documentation was received from the Human Research Ethics Committee of the University of Western Australia (approval number RA/4/1/9021). An amendment was submitted to the Ethics Committee for the Delphi questionnaire as it was not developed at the time of the original approval.

To ensure that interview participants felt comfortable discussing the topic of the research in an interview situation we drew on past experience of undertaking community-based DFV research with refugee communities (see Fisher, 2009). Strong advice from the communities involved in that research was that their community members should be interviewed by interviewers of the same gender. As such, and given that DFV remains a sensitive issue in refugee communities, for this study female community members were interviewed by female bicultural, bilingual research assistants. Similarly, male bicultural, bilingual research assistants interviewed male community members. The research associate conducted the focus groups with service providers.

Prior to undertaking Phases 2 and 3 of the research, all participants received a copy of the participant information form relevant to their participation (i.e. for in-depth interview, focus group or Delphi panel) that included full details of the study, assurances of confidentiality, and details of how data would be stored and how findings would be disseminated. Additionally, voluntary written consent to participate was sought and obtained. For Phase 2, the audio recording of the interview or focus group comprised part of the consent process. Any questions that participants had about the research, the research process or its outcomes were answered prior to participation.

In the qualitative component there was potential for community member participants to become emotionally upset during or following the interview as a result of reflecting on their knowledge and/or experience of DFV (either as a victim or a perpetrator). Participants were advised that they did not have to answer any question they felt uncomfortable answering and were able to withdraw from the research, without consequence, up until the time the data were

analysed. There were no withdrawals from the research nor were there instances where participant distress impeded the interview. That said, research assistants were trained to allow the participant the opportunity to terminate the interview should they so wish. ASeTTS agreed to provide support, free of charge, to research participants for any issue, including any distress, arising from the interview process.

Recruitment for Phase 2 was conducted over a 6-month period. Considering that each research assistant was responsible for recruitment of just four participants, this timeframe enabled information about the research to be widely disseminated, including through community events. It also provided sufficient time for multiple discussions with potential participants to occur, often on topics other than the research, to develop trust and rapport. A potential participant's experiences or use of violence were not part of the interview process. Rather, the topics covered included their understanding of DFV in an Australian context as well as differences and similarities between the issue in Australia and their home country. The main focus of the interview, however, was on their perceptions of interventions for perpetrators.

The safety of women and children was a central ethical consideration in this study. To this end, approaches to potential interview participants were made in a culturally safe and confidential manner by the bicultural, bilingual research assistants. Potential participants were advised to either destroy the participant information form or keep it in a safe place. Similarly, participants were advised to keep the gift card safe. No interview was undertaken in the family home if there was any suggestion that violence had occurred in the participant's current relationship. This was to ensure the safety of the interviewer as well as the participant.

Male bicultural, bilingual research assistants were advised that they should carefully consider where they undertook an interview with a man they either knew had perpetrated, or was suspected of perpetrating, DFV. A telephone interview in these instances was an option, however, following an assessment of risk undertaken between the research assistant and the research associate, all male research assistants undertook face-to-face interviews in safe locations. The risk assessment was conducted in person between the interviewer

and the research associate and took into account the potential participant's current living arrangements, knowledge of any recent violent activity, decision-making on a safe location for the interview, and the process for advising when and where the interview was being held and completed. To support the wellbeing of the research assistants, the research associate kept in regular contact with them and was available for debrief.

To protect the confidentiality and anonymity of participants in Phase 2, attribution of verbatim quotes is "female community member", "male community member" or "focus group participant". Through prior experience of research into DFV in (African) refugee communities (Fisher, 2009), the research team understood the real concern among refugee community members of potentially being identified through verbatim quotes appearing in research reports. To assure potential participants in the qualitative phase that we had the strongest possible safeguards in place around confidentiality and anonymity, we followed the process utilised in Fisher's (2009) previous study and did not assign pseudonyms (despite pseudonyms being more "personal").

In Phase 3 of the study, Delphi questionnaires were emailed to and then received from participants' email addresses. Upon receipt of a completed questionnaire from each participant, the questionnaire was separated from the email address and stored electronically on a password-protected drive, accessible only to the research associate and research team. The email was then deleted. As there was no identifying information on the questionnaire, responses were not attributable to any one panel member.

Confidentiality of data was also a central ethical issue. During research assistant training, issues of research confidentiality were stressed. Confidentiality was not merely discussed in terms of not disclosing what was discussed in the interview or information about participants, and ensuring all hard copy documents and electronic records are kept secure. It was also discussed in terms of ensuring that information gained in the process of recruitment about community members who did not participate in the research is also kept confidential. Confidentiality of collected data was another important ethical consideration. All electronic data were stored on password-protected drives and accessed only by the research team and

research associate. Electronic interview data collected by the bicultural, bilingual research assistants were collected in person following the interview or following translation (as relevant) by the research associate. Audio recordings of interviews and focus groups were uploaded by secure portals to enable transcription, and deleted following transcription. Hard copy documents were stored in a locked cabinet at the university where the research was undertaken. Research data and documents will be retained for a period of 7 years post-publication in the School of Population and Global Health at the University of Western Australia. Hard copy documents will then be shredded and electronic records erased.

Key findings: Development of candidate best practice principles

As noted in the Methodology section, the findings of the integrative literature review (Phase 1) and qualitative data analysis (Phase 2) provided the evidence on which to base the Delphi questionnaire (Phase 3). The key findings are reported in two parts: findings from Phases 1 and 2, used to inform the development of candidate best practice principles, are followed by findings from Phase 3, in which consensus on the best practice principles was achieved.

Phase 1: Integrative literature review

As noted in the Methodology section, the findings of the integrative literature review were used to inform the development of the Delphi questionnaire (Phase 3). Just six documents met the criteria for inclusion in the integrative literature review: reporting on an actual intervention or factors that should, potentially, be taken into consideration when developing and/or implementing such interventions. Five of the six documents report empirical studies and, interestingly, all but one were undertaken in Australia, perhaps indicating that Australian research is at the forefront of what limited knowledge is available in this area. What is readily apparent from the small number of articles or reports that the search strategy yielded, however, is that there is a dearth of evidence available to inform DFV interventions for perpetrators from a refugee background. Many documents that were sourced through our keyword search, and did not meet all the inclusion criteria for final review, related to CALD and/or refugee women's experiences of DFV, women's support needs, the issues women encounter with reporting and/or accessing appropriate services, and DFV in conflict settings and refugee camps. Quite often the experiences and needs of those from a refugee background were included with those from a CALD or immigrant background, making it difficult to delineate the unique needs of those from a refugee background.

A summary of the key findings of the six studies included in the integrative review, along with the level of evidence the study provides in terms of the Joanna Briggs Levels of Evidence, "meaningfulness" category, are provided in Table 3.

Themes from the integrative literature review

From synthesis of the evidence provided in the six documents, three main themes were identified: the need for DFV interventions to "educate" (DSS, 2015a), and the need for those developing such interventions to "understand" (Baobaid, 2008; Diamandi & Muncey, 2009; Rees & Pease, 2006; Versha & Venkatraman, 2010) and to "recognise" (Diamandi & Muncey, 2009; DSS, 2015a; Mackay et al., 2015; Rees & Pease, 2006; Versha & Venkatraman, 2010) a range of influencing factors.

Educate

Interventions in refugee communities could involve an educative component around DFV. Findings in the DSS report (DSS, 2015a) suggest that there is a need to increase knowledge about Australian laws with regard to DFV among newly arrived individuals. To address this need, the DSS (2015a) recommends the incorporation of education about DFV into pre-migration processes. Useful strategies recommended include the use of information sheets, a handbook or educational sessions. Recommendations from the report also highlighted that the pre-arrival Australian Cultural Orientation Program[8] could include a stronger emphasis on DFV.

Understand

There was strong support in the integrative review documents for the need to understand the importance of pre-settlement experiences when developing DFV interventions for perpetrators from a refugee background. A range of pre-settlement experiences are described by Baobaid (2008), Diamandi and Muncey (2009) and Versha and Venkatraman (2010), and include experiences of torture and trauma, political unrest, conflict, environmental degradation, oppressive governments, death of family members, famine, loss of personal property, and detention or time in refugee camps, sometimes spanning many years. Understanding pre-settlement experiences and taking full account of them in any intervention is seen as key to intervention effectiveness (Baobaid, 2008) and central to ensuring a holistic response (Diamandi & Muncey, 2009; Versha & Venkatraman, 2010). Versha and Venkatraman (2010) go so far as to challenge

Table 3: Summary of key findings—Integrative literature review

Author(s) and year	Title	Research approach	Level of evidence	Key findings
Baobaid (2008)	Towards developing culturally competent integration strategies to support early identification, prevention and intervention work with men coming from conflict zones and involved with domestic violence	Qualitative	3	• Key to an effective intervention is understanding pre-migration experiences and their subsequent impact on settlement • Pre-migration experiences include trauma, political unrest, conflict, environmental degradation or disaster and experiences that are violent or disruptive to family and community relations • Post-settlement, changes to gender dynamics and expectations impact settlement and family functioning
Diamandi and Muncey (2009)	Responding to domestic violence with new and emerging communities	Qualitative	3	• Interventions need to take account of the pre-settlement experiences of refugees including experience of torture and trauma, oppressive governments, death of family members, drought, famine, loss of personal property and detention or time in refugee camps • Beliefs and attitudes about gender roles and the notion of "family" which may be in conflict with Western notions of the nuclear or even extended family need to be fully understood and apparent in any intervention • Linguistic and religious diversity within refugee communities, and how these can shape the development of any DFV intervention, need to be recognised • DFV can be effectively addressed in communities as a component of the broader formal response to the issue

Best practice principles for interventions with domestic and family violence perpetrators from refugee backgrounds

Author(s) and year	Title	Research approach	Level of evidence	Key findings
DSS (2015a)	Hearing her voice: Report from the kitchen table conversations with culturally and linguistically diverse women on violence against women and their children	Qualitative	3	• Cultural beliefs and norms about gender roles impact men's use of violence • Perpetrators use immigration status to control women • There is a need to educate refugee communities about DFV and recognise the intersecting nature of a range of factors that impact on women's experiences of DFV • Recommendations that can inform best practice include incorporating education about DFV in the pre-migration phase, including use of information sheets, a handbook or educational sessions with a segment focused on DFV • Pre-arrival Australian Cultural Orientation Program could include a stronger emphasis on DFV • Community education about DFV should be provided in a culturally appropriate manner and use concepts easily understood by communities
Mackay et al. (2015)	Perpetrator interventions in Australia: Part one—State of knowledge paper	Review	2	• Perpetrator programs for must be underpinned by an understanding of how cultural diversity may impact on a man's participation • Programs for men may not adequately address the nature and causes of DFV as theories of male violence against women (which underpin these interventions) are based on Western notions of family and family life

Author(s) and year	Title	Research approach	Level of evidence	Key findings
Rees and Pease (2006)	Refugee settlement, safety and wellbeing: Exploring domestic and family violence in refugee communities	Qualitative	3	• Settlement challenges (language skills, alienation, unemployment and education), trauma, gender roles and cultural change, traditions, alcohol and gambling, and the experience of racism work to create a complex web for those from a refugee background living in Australia • Understanding intersectionality in the context of refugee experiences of DFV post-settlement and using this framework to inform interventions is key as refugee experiences of DFV are situated at the crossroads of various forms of oppression • Gender oppression intersects with other forms of disadvantage and inequality (such as race, migration status, sexuality) to compound experiences of oppression; applying an intersectional lens to the context of refugee experiences of DFV allows for a detailed understanding of refugee women's experiences of violence and the nature of men's violence
Versha and Venkatraman (2010)	"You can't hide it— family violence shows": Family violence in new and emerging refugee communities (Afghanistan, Sierra Leone and Sri Lankan Tamil)	Qualitative through consultations and community conversations	4	• Interventions must take into account potential pre-arrival experiences of trauma related to war violence, multiple displacement and the violation of human rights • Interventions and support must recognise the diversity of refugee groups • Lack of services for refugee men is recognised as an issue of concern; unemployment and the changed role of the male were seen as key issues that hinder their process of settlement and hence may impact on perpetration of DFV • Post-settlement challenges and their impacts on family relationships need to be addressed in interventions • To be effective, services need to take an active approach to providing culturally relevant and targeted interventions and support

Best practice principles for interventions with domestic and family violence perpetrators from refugee backgrounds

service providers to take a more active approach to providing culturally relevant and targeted services.

There was also strong support in the review documents to understand the negative impact of post-settlement challenges on families (Baobaid, 2008; DSS, 2015a; Rees & Pease, 2006; Versha & Venkatraman, 2010) and the impact of changes to gender dynamics and expectations on settlement and family functioning when developing DFV perpetrator interventions. Indeed, Versha and Venkatraman (2010) argue that understanding post-settlement challenges is equally as important as understanding pre-settlement experiences. Post-settlement challenges also include ineffective post-migration integration processes (Baobaid, 2008) which can have a negative impact on families, changes to gender dynamics and expectations (DSS, 2015a; Versha & Venkatraman, 2010) and the impact of these changes on settlement and family functioning. Rees and Pease (2006) also identify English language competency, alienation, unemployment and issues related to education as challenges for newly arrived individuals and families.

Rees and Pease (2006) put forth an argument for using an intersectional lens to understand DFV in refugee communities. Through this lens both the oppression and privilege (particularly in the family) that refugee men experience is able to be elicited and subsequently responded to holistically through intervention. This includes understanding the influence of oppressions on constructions of masculinities when challenging men from a refugee background about their use of violence. For Rees and Pease (2006), trauma, cultural and gender role change, alcohol and gambling, and the experience of racism work to create a complex web for refugee communities living in Australia. This is a key insight when sourcing evidence to underpin and inform DFV perpetrator interventions, as refugee experiences of DFV are situated at the crossroads of various forms of oppression. Rees and Pease (2006) argue that understanding intersectionality in the context of refugee experiences of DFV allows for a deeper appreciation of the complexities of challenges faced by refugee men, and how these intersect with gender inequality, which can then be accounted for in DFV perpetrator interventions, but should not be seen as the cause of the violence.

Recognise

There was support in the literature for recognising three important factors when developing DFV perpetrator interventions: diversity within refugee communities; expectations around family roles, responsibilities and family ties in refugee communities; and the relevance of community-based and community-involved DFV interventions.

There was a cautionary note expressed in the literature—that is, there is a need to recognise the cultural, linguistic and religious diversity within refugee communities and those developing interventions need to understand how this diversity can shape intervention development (Diamandi & Muncey, 2009). Similarly, Versha and Venkatraman (2010) caution that failure to recognise cultural diversity may result in an intervention that is not culturally relevant. Mackay et al. (2015) concur with Diamandi and Muncey's (2009) belief that diversity must be recognised, and further suggest that failure to do so may impact on a man's participation in any developed intervention.

The notion of "family" in refugee communities was also discussed in the review documents. Diamandi and Muncey (2009) highlight the need to recognise that differing notions of "family" exist in refugee communities, notions which may be in conflict with Western conceptions of the nuclear or even extended family. For individuals from a refugee background, their reference point is often the family. Diamandi and Muncey (2009) provide the example of a person's reputation being derived from that of their family rather than reflective of their individual behaviour. Additionally, individuals from a refugee background often do not expect government or non-government services to provide support. Rather, this support is expected to be provided by their families and community elders. Mackay et al. (2015) take the concept of differing notions of "family" further, suggesting that DFV perpetrator interventions may not adequately address the nature and causes of DFV, as theories of male violence against women (which underpin mainstream interventions) are based on Western notions of family and family life and may be unfamiliar to those from a refugee background.

The integrative review also found evidence to support the notion that those from a refugee background consider that

Table 4: Sources of evidence for overarching principles

Overarching principle	Sources of evidence	Comments
The safety of women and children is given highest priority in all aspects of DFV responses, including perpetrator interventions	State-based standards and guidelines for perpetrator interventions, NOSPI standards, literature review and Phase 2 (data analysis)	Termed "overarching principles" because they are the bedrock of all interventions and, as such, all interventions must be underpinned by these principles
Perpetrator interventions hold perpetrators responsible for their behaviour	NOSPI, state-based program standards and guidelines for perpetrator interventions	
All DFV interventions with individuals, families and communities from refugee backgrounds are trauma-informed	Integrative literature review and Phase 2 (data analysis)	

community-based and community-developed interventions for DFV can be effective (Diamandi & Muncey, 2009). Findings further suggest that community-based education interventions should be delivered in an appropriate manner and using concepts easily understood by communities (DSS, 2015a).

Phase 2: Qualitative data collection and analysis

As noted in the Methodology section, the findings from Phase 2 (along with those from the Phase 1 integrative literature review) informed the development of the Phase 3 Delphi questionnaire. Consensus around the final best practice principles was reached in the latter phase.

Following Phases 1 and 2 data analysis, three overarching principles—that is, those principles that form the bedrock upon which all DFV perpetrator interventions for those from a refugee background need to be based—and 12 candidate best practice principles were identified. These overarching and candidate best practice principles subsequently formed the Phase 3 Delphi questionnaire. Each of the 12 candidate

best practice principles has a number of sub-principles which provide more detail.

The Phase 2 findings are presented here in the manner that is common for studies utilising content analysis—that is, they are presented thematically. Because the names of each of the themes for this study were workshopped to reflect the wording of candidate best practice principles, the findings are presented using the actual wording of each candidate best practice principle. The level of support for each of the individual candidate best practice principles is indicated in parentheses after each sub-heading. If the candidate best practice principle was also supported by findings from the integrative literature review, this is noted. Initially, however, Tables 4 and 5 provide the source of evidence for each overarching principle and candidate best practice principle.

Table 5: Sources of evidence for candidate best practice principles

Candidate best practice principle	Source/s of evidence
1. Perpetrator interventions work to empower women	Phase 2 (data analysis)
2. Perpetrator interventions recognise intersectionality	Integrative literature review and Phase 2 (data analysis)
3. Perpetrator interventions recognise and respond to community complexity	Integrative literature review and Phase 2 (data analysis)
4. Perpetrator interventions position, acknowledge and recognise the role of communities as service providers	Phase 2 (data analysis)
5. Perpetrator interventions build community capacity	Phase 2 (data analysis)
6. Perpetrator interventions respect diverse family structures, values and strengths	Integrative literature review and Phase 2 (data analysis)
7. Perpetrator interventions recognise issues that can impact on levels of engagement	Integrative literature review and Phase 2 (data analysis)
8. Perpetrator interventions recognise and respond to complex individual needs	Integrative literature review and Phase 2 (data analysis)
9. Perpetrator interventions explicitly address pre-settlement experiences	Integrative literature review and Phase 2 (data analysis)
10. Perpetrator interventions account for diversity in understanding of domestic and family violence and Australian responses	Integrative literature review and Phase 2 (data analysis)
11. Perpetrator interventions embed tenets of the Australian legal framework	Integrative literature review and Phase 2 (data analysis)
12. Agencies delivering perpetrator interventions are integrated in the broader response to domestic and family violence	Phase 2 (data analysis)

Overarching principles

The three overarching best practice principles for interventions for DFV perpetrators of refugee background are:

- The safety of women and children is given highest priority in all aspects of DFV responses, including perpetrator interventions.
- Perpetrator interventions hold perpetrators responsible for their behaviour.
- All DFV interventions with individuals, families and communities from refugee backgrounds are trauma-informed.

Best practice principles

The 12 candidate best practice principles to underpin and inform such interventions are now presented and described. The principles are presented in no particular order.

1. Perpetrator interventions work to empower women (n=15)[9]

Phase 2 (data analysis) provided strong support for perpetrator interventions to work to empower women whether the intervention was educational, awareness-raising or supporting men's behaviour change. Specifically, the promotion of women's rights was seen as an integral component of perpetrator interventions with a number of participants suggesting that many refugee community members held strongly patriarchal views about the roles of men and women.

These patriarchal views were seen to manifest as a general lack of respect for women and girls:

> Every person wants to be free to choose, to vote, and to have a chance to say what is best for them. Unfortunately, in my culture, [a]woman has no freedom. Women in [country of origin] have always been disrespected and treated with violence. We never ask for too much freedom,

a freedom that would put us in a bad position. We only asked for a very basic freedom which would allow us to have the right to choose, however, it has never been given to us. (Female community member)

> According to my culture, being a girl is a negative thing. A girl in my culture is considered as shame to her family. Girls are being pushed away from every positive activity that could be beneficial for their future … they are told they are not worth anything … That's how girls are treated in our culture. (Female community member)

More predominantly, however, there was a sense that patriarchal beliefs were common within the communities. Evident in the findings are common beliefs about a man's right to control his family. Men are thus considered decision makers in the family and women often have no authority in this regard. The following quotes from male community members were typical of the views of other participants:

> Our father, grandfather and all the … people before us, they, they have this type of behaviour and they, they pass this bad, like, habit generation and by generation until our time. But in addition to that one, when they like inherited from their parents … especially from their father and their older brother, they saw in the family that their older brother is abusing … their sister, or their mum, or their father is controlling all member[s] of family. And after that, the kids, only 5 years old, 10 years old, they come to a conclusion that, yeah, that is my right. I, as a man, should be power[ful] because my father, my father, is like that and my older brother is like that and it's become unfortunately a culture. (Male community member)

> There is culture that especially the men feel that they should [be] in power and they have this right to control their family. (Male community member)

The findings just presented provide unequivocal evidence that participants considered perceptions of male authority to be associated with the perpetration of DFV.

> People who use violence in their family are male, because he is dominant in our society and … society is opposed and against women because … there is a belief in society

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9   In order to identify the themes in the qualitative data analysis that were deemed important by a larger number of participants, a quantification process was undertaken. Each theme identified during qualitative analysis was interrogated to quantify the number of individual participants who discussed it, and the number of focus groups in which it was discussed. The number in parentheses denotes the final tally as a result of this process.

that … women are weak. And, in the dominant, um, religion of our country, the value of women … is half of the value of men and … it is … manifested in, um, people's … beliefs from childhood that … women are … very weak creatures. And women can be harassed by, men, and men have lots of … power over women because of … this attitude of our society of our religion and our politics. (Female community member)

There was also a belief among some participants about the rights of men to discipline not only children, but also women, with one female participant noting that DFV perpetrated by men in her country of origin was

seen [as] culturally acceptable and as a method of showing discipline either to their children or even to their partners, um, as a way of maintaining power and control over others. So discipline over their spouses gets in the way of what to do and what not to do, um, that's why they see it as an acceptable response because they are the head of the house. They expect women to follow this standard and will not consider it as abuse or refer to [it] as domestic violence. (Female community member)

There is a broad range of contexts in which DFV is perpetrated in refugee communities. While not unique to refugee communities, practices such as "dowry" (the term used by participants in the research) were seen to place women in a subordinate position in the family with their concomitant association with DFV.

Examples of these practices were provided by participants:

The men say in their belief he paid the dowry for the woman, she married him, he's like—it looked like you own it. You're a part of his property. So he can do whatever he wants to do. (Male community member)

The culture of men [has] the last say. In other words, once the man pays huge dowry, the woman is his property. So, she needs to do whatever he wants [her] to do. So this culture kind of supports and influences domestic violence. However, the only difference is that because of Australia, you don't have this dowry issue, and the, the legislature—the laws here, um, a lot of men are aware of

the laws concerning domestic violence, so that's only the difference. However, if men—a lot of men in Australia, as long as they can get away with it, they do it. As long as they do it in such a way that they will not be caught up with the law, they still do it. (Focus group participant)

Women were also placed in subordinate positions as it was felt that men, including partners and other male family members, were able to control their movements:

When they [girls] go out they should get permission from the father … when you go out. You should go out and come [home] exactly the time that your father and your brother decides, and if you come later, you need to provide some clarification and information what was the reason that, you know, you are late. (Male community member)

And I can see a kind of control behaviour from husbands, towards wives, in the [name of community] and [country of origin] people as well, and the husband always want[s] to control their wives, what they do and where they go. (Female community member)

Some female participants also held beliefs about the superiority of men over women:

[As a woman] I'm here to be abused by any kind such as being threatened by knife, pull my hair, and other punishments. I don't know about [women's social position and] … domestic violence in Australia so much, however in my culture that [subordinate] is my understanding [of women's position in society]. (Female community member)

There was a sense among some participants that patriarchal beliefs were being challenged in some communities and women were starting to speak out:

Men do control their … wives in the [name of community]— but I've seen recently that women are starting to have— voice their own opinions on family matters and things like that. (Female community member)

Perpetrator interventions were seen to provide a space where these advances could be built upon and patriarchal beliefs further challenged:

There are places here in Australia that they [women] can go and talk about their issues. And when they realise that there are organisations and centres that support them, it gives them a sense of security even if they don't want to belie[ve] they've got trouble in their marriage. And they can talk about their issues more freely and comfortably in these … places and what's caused them. We also need an organisation or centre for men to be able to talk and the [perpetrator] intervention could do that. (Female community member)

Sub-principles

Emerging from the above evidence for the candidate best practice principle, two sub-principles were developed to capture its essence:

1a. Promotion of the rights of women is integral to perpetrator interventions.

1b. Perpetrator interventions address patriarchal beliefs about the roles of men and women.

2. Perpetrator interventions recognise intersectionality (n=7 and the integrative literature review)

As previously noted in the findings of the integrative literature review, Rees and Pease (2006) argue for conceptualising the perpetration of DFV in refugee communities through an intersectional lens. Throughout the interviews and focus groups, participants identified a number of intersecting structural disadvantages that they believed needed to be recognised in any perpetrator intervention to enable it be holistic and, hence, increase the likelihood of a positive outcome. The identification of these disadvantages adds weight to the suggestion that an intersectional lens is relevant for interventions for perpetrators of DFV from a refugee background.

Participants in Phase 2 perceived a lack of, or limited, education among community members associated with perpetration of DFV. The following quotes are typical of the perspectives provided:

Most of our people in [name of country] they … they didn't have any chance or access to … to go to school and now they are educated. And unfortunately, all this pressure

caused them to be a little bit aggressive and there [is] of course some inequality in [name of country] you can see between men and woman. (Male community member)

I think that because also the other problems in the [name of country] communities, they don't have enough education. They don't have high education, very—a few [have] very low education and even some people, they are—not have the opportunity to have education … The [name of country] community is different from the refugee community from other countries. Like, most of the other countries, the refugees come from the other countries, they live in the cities, or they live in the towns or something, but the [name of country] refugees … used to live in rural areas … so they don't have the opportunity to study … So this is the thing where the men and women, they don't have access to education. (Female community member)

Similarly, socioeconomic disadvantage and poverty were seen as structural factors intersecting with other such factors in the context of perpetrating DFV:

… poverty. People suffer a lot and they … they make their life like and very difficult way. It hurts me a lot but, unfortunately, I cannot do anything about it. (Male community member)

Additionally, there were concerns about racism and racial stereotyping among participants:

According to my knowledge of my community, we do not want [to] tell our problems to Australians. They might think that we are bad people. It's enough for us that those Islamist extremes made us look as bad people in the eyes of the Australians and now if we share with them our problems they will think that we are all bad people. We are still suffering from stereotyping. Now, I believe when men know that those services [DFV perpetrator interventions] are individual and safe, they might go seek help. (Male community member)

The impact of the aforementioned issues are felt as individuals and families settle in Australia. The acculturation process during settlement, in particular as it relates to roles of men and women, was seen as difficult, and men could resort to

DFV, particularly if some members of the family acculturated faster than others:

> I don't know whether this is related to it, but I think, um—refugee people who come here, the men think nothing has got to change in their relationships, about their attitudes. And I think the women who get here and think, "Oh boy, oh boy, there's a new way to think about this stuff [domestic and family violence and the role of women] and we really like it", in the sense that they might have some independence around money or socialising with friends and so on, where the men are much more imbued in that … I've seen it: migrant communities too, where the older generation of people want to hold on to the values from their old country and the younger people more want to embrace the values of an Australian culture. And I think that's the same dynamic, with the men and the women who come in here from … refugee countries. (Focus group participant)

The findings of the data analysis and the integrative review suggest the utility of an intersectional lens for understanding the nature and meaning of men's violence in refugee communities and in developing appropriate interventions.

Sub-principles

Three sub-principles conceptualising the perspectives evident in the analysis were developed for this principle:

2a. Perpetrator interventions recognise gender inequality.

2b. Perpetrator interventions are underpinned by an understanding of intersectionality in the context of refugee experiences of DFV.

2c. Perpetrator interventions take account of post-settlement experiences impacting on settlement and family functioning.

3. Perpetrator interventions recognise and respond to community complexity (n=9 and the integrative literature review)

Findings from the integrative literature review suggest that refugee communities are complex. Their diversity in terms of geography, religion, language and culture both across countries and across communities from the same country adds to their complexity. This complexity needs to be understood when

developing perpetrator interventions (Diamandi & Muncey, 2009; Mackay et al., 2015), particularly if the intervention is targeted to participants from a range of countries and/ or across communities from the same country. Phase 2 findings support the findings in the integrative literature review about community complexity. As a male community member indicated:

> Every community is different. We have different beliefs, different understanding, different things that influence our life. (Male community member)

Community members also felt that to have the best possible chance of positive outcomes, perpetrator interventions need to recognise how diversity shapes program content, delivery and contexts:[10]

> In my community I can say that we have different ways of understanding domestic violence. We [community members] want to do something about it [the use of violence] but … we don't know what areas we need to look at first … Anything we do [intervention] needs to be useful for lots of people. And we want change [in behaviour]. (Female community member)

Findings of the interviews and focus groups suggest DFV can manifest in complex ways in refugee communities and that perpetrator interventions need to ensure that risk assessment accounts for this complexity, part of which relates to the range of potential perpetrators of DFV in refugee communities:[11]

> In my community, the woman who experience[s] domestic violence is afraid to report because that will put them at severe risk. They're being threatened by their husband's family that if they reported domestic violence to others or any authorities, then they would be at risk of death. Therefore … they stay silent and do not disclose the domestic violence even to their own families. It is also considered unacceptable for a woman to share their issues with any other people. The reason for that is fear. The women who got beaten up by their father, by the father-

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10 The specifics relating to how diversity in refugee communities shapes program content, delivery and contexts is important, but is outside the scope of this project which sought to identify higher order principles to underpin interventions.

11 There is limited literature addressing DFV perpetrated by extended family members, but it is insufficiently focused to be included in this report in any great detail. We also note a lack of literature around interventions for DFV perpetrated by extended family members.

in-laws and brother-in-laws because they think they have the right to do so. (Female community member)

Sometimes it's not just about her partner. Like sometimes it's his partner's [family], her partner's family, and sometimes it's also members of the community who don't actually help or assist her um, you know … but actually there's a lot of work that we do to try to connect her to somebody within a … a community that can actually support her through her culture because that's—she's not only leaving her partner, she's also leaving an extended family and the community because that's her experiences. (Focus group participant)

A broader range of behaviours that constitute DFV was also identified, and these behaviours are reported under Principle 1 above.

Sub-principles

To reflect the richness of the candidate best practice principle, three sub-principles were developed:

3a. Perpetrator interventions take account of the complex ways in which family and domestic violence can manifest in refugee communities (e.g. broad range of potential perpetrators of violence and behaviours such as forced marriage and threats of deportation).

3b. Perpetrator interventions ensure risk assessment accounts for complex ways in which family and domestic violence can manifest in refugee communities.

3c. Perpetrator interventions recognise the linguistic and religious diversity within refugee communities and how this shapes the program content, delivery and contexts.

4. Perpetrator interventions position, acknowledge and recognise the role of communities as service providers (n=20 and the integrative literature review)

There was overwhelming support from participants in the interviews and focus groups for communities to be engaged in the development and delivery of perpetrator interventions with this candidate best practice principle the most supported.

Community members felt community involvement would ensure a more culturally safe intervention:

[Intervention] should be developed with the support and consultation from people from our community if you want men to attend this program, you should develop [a] culturally safe program. (Male community member)

Indeed, there was a sense that this could drive innovation:

I think for me community engagement is absolutely critical as well as victim engagement. I think you could probably do some pretty effective interventions. (Focus group participant)

It was believed that perpetrator interventions should benefit the community and this would be achieved through the active involvement of communities themselves, because of the ability of the community to advocate for the intervention and involvement in it:

I would design a program that will bring positive changes, changes to the community. (Female community member)

I believe the community would benefit from this type [community-based and community-driven] of programs. I think we can make a difference to people's life in Australia if we couldn't do that in [name of country] because Australia is a free country and we have equal rights to men and we will also promote the aim of the program and encourage all members to take part. (Female community member)

Among focus group participants it was also felt that current practice standards for perpetrator interventions may not be operating optimally for the safety of refugee women. They further felt that community engagement may be a potential remedy for this and could drive innovation:

Well, I mean one of the problems with current practice standards [is] that it's only IPV, so that's a major problem because you can't talk about—you can't talk about community engagement in there … Would those practice standards be helpful to a woman in one of these communities [refugee communities] when we expect her to engage as part of the victim engagement program? … That may not be overly safe for her because her community doesn't back it … but … [her safety] might be different if

there was a need [for the intervention] to be community-based. (Focus group participant)

Involving communities was also seen as a way of ensuring that interventions were developed in an appropriate manner:

During the development stage, you have to meet people from the community; I mean a lot of people. [Name of nationality] in Perth are not too many. You have to make every family feel that they have been asked. All people in the community should have to be heard. Let the people feel that this program is from them and for them. I know this will be a tough job and expensive one but this is how we do things. (Male community member)

I believe that, um, women probably have a lot of knowledge of this DV. They've been through it themselves or they've seen their loved ones they've gone through it, and they will be the … the best one to know how to approach, you know—especially if they came out of it and they … they know which way is the best way to approach men and … and develop the program. (Female community member)

If you actually, um, grow up in both cultures, then you have knowledge of, you know, other cultures, your culture and Australian culture. Australian is also my culture because I grew up here. So when you have knowledge of all those then you become sensitive to other people's needs and understanding and understanding them better so you're not offending while you're creating a program. (Female community member)

Community involvement was also seen as a way of ensuring interventions were delivered in an appropriate manner. For example, delivery would take account of the level of knowledge of DFV in the community, and the language and approach used would be those most likely to optimise engagement:

Well, I think if we had an information session the title of the information session is very important. I know we are dealing with domestic and family violence but … if we use the word violence, what we find is these days the word violence is something that really puts a fright into people because we see terrorism … also different types of violence happening. And if we use the word violence, it might frighten people, keep people away from attending these information sessions. (Male community member)

The involvement of communities in developing and delivering perpetrator interventions essentially situates them providing a service and this contribution should be recognised as such.

This notion of communities providing a service was also evident in perspectives from those participants who would welcome human service and other agencies partnering with communities in developing and delivery DFV interventions. Working in partnership was also seen as a way to ensure improved intervention outcomes. The community was seen to be able to add the cultural context around intervention content:

I have no scientific degree to help you but I know from my experience in life that only professionally qualified people can say what content should be or shouldn't be. But regarding the culture, we can help them to understand. (Male community member)

Indeed there was a perception that men's behaviour change programs should not be run in isolation from community awareness raising:

If we're going to think about perpetrator programs in the CALD space, we can't just do [a] men's behaviour change program. You also have to do a community … engagement aspect of the MBC program. Like you wouldn't run an MBC[P] without a community engagement program, so my thinking would be, well, we—we'd do some community education. So you have a community engagement program that you run before you run an MBC[P]. (Focus group participant)

From another focus group participant:

You can't just design an MBC program and just land it in the community and expect it [to] work, because I don't think it will. You're not going to get too many show up but what you could do is, you know, you—if you get the buy-in from community that says, "Actually, this is an issue. This is how this is an issue," you know, they can connect to it in a different way, but—and make it like, 'Don't use the word 'violence'." (Focus group participant)

Partnering with agencies was also seen as a mechanism to overcome the lack of trust in human service agencies that

was apparent among community members:

> In community they have community leaders and they can go and explain about their, their problem and if they have bigger problem they can go to the government, the departments and they are there to help people like that, but unfortunately, they are not like—you cannot trust on them. (Male community member)

While being aware of any community structure that condoned violence is imperative, it was apparent that there were significant advantages in seeking out and utilising existing supportive structures when developing and delivering perpetrator interventions. As an example, a respondent in a focus group noted that, "There are probably people in community that could a) give her [woman] the support she needs instead of dismissing it [the violence], and b) pulling him [perpetrator] up a bit" (Respondent 1). Respondent 2 agreed with this perspective and both respondents noted that, at times, women feel pressured to take a particular course of action that may not ensure her safety. Respondent 3 reflected, however, that providing education to supportive community leaders was positive and noted that one particular refugee community had done that particularly well.

In essence, it was felt that community interventions could leverage support and reach through community and religious leaders, particularly as there is evidence in the literature that within refugee communities both men and women often turn to their communities as a first point of call for issues related to DFV (see for example Fisher, 2009):

> I think if you were talking about community engagement, you would have to be looking at your community leaders. And, and actually finding out, "Hey, what are you guys think[ing] is the problem here? What do you guys think about this?" (Focus group participant)

> They may want to come to see a religion person to talk about their issue, their faith, or the problems that they're actually facing in Australia … And I will say that maybe even a religion leader will be much more … helpful and much more efficient in the way to guide the family in a good way compared with the psychologist or social worker because people from our community are coming from [an Islamic] religion background … And because

of their faith, and because of the … way they grow up they have to respect their religion leader … And I think … one of the new … innovative things … that you can actually bring in that program [perpetrator intervention] and I think is going to help and encourage many people to come to seek your … services [is the involvement of religious leaders]. (Male community member)

There were also gains perceived to be had through engaging and partnering with communities because of their knowledge of positive community values that could be leveraged to more fully and fruitfully engage men:

> [We need to know] what is the language of the values of that particular community, what are the ways in which, you know, that those behaviours [domestic and family violence] go against those values … So, for me, that's really important as the way to go if we're going to engage … the community and men, because community doesn't have a neutral position. (Female community member)

> To get the buy-in around [interventions, we] actually [have to] ask them, "What's wrong with this behaviour from your values, from your culture? Where in your culture was this ever acceptable?" Because it may not be. (Focus group participant)

Sub-principles

From the evidence above, seven sub-principles were identified that capture the richness of this candidate best practice principle:

4a. Perpetrator interventions engage communities and ethno-specific and multicultural services as service providers.

4b. Community engagement and input is integral in development and delivery of perpetrator interventions.

4c. Men's behaviour change programs are delivered in conjunction with community family and domestic violence education and awareness.

4d. Perpetrator interventions adopt a strengths-based approach in partnering with communities.

4e. Perpetrator interventions leverage existing supportive community structures (e.g. community leaders, religious leaders).

4f. Community-based interventions are developed and delivered by both men and women.

4g. Perpetrator interventions work with positive community values to engage men.

5. Perpetrator interventions build community capacity (n=19)

Findings of the interviews and focus groups point to conceptualisations of DFV as a private issue within some refugee communities, with these conceptualisations indicative of a limited understanding of the underlying rationale for Australia's formal response to DFV. For some participants, DFV could not be spoken about because "there is no word to describe domestic and family violence in my culture" (Female community member). For others, DFV was still seen as a matter for the family:

> I think our—in our community … there will be domestic violence but domestic violence is not a big issue that people talk about it openly, because the community believes that domestic violence … the problem's within the family, and if the family does not talk about their problems … you cannot like enter to participate in the problems. (Female community member)

> People see domestic violence as a private matter that shouldn't be talked about, to outsiders. And that's why they keep silent. Also, they are scared of being judged by other people in the community if they try to talk. (Female community member)

How DFV was conceptualised was seen by focus group participants to potentially result in unhelpful and ill-informed discussions occurring in communities:

> The understanding [of DFV] is misunderstanding too … He is the man, he was just pissed, abusive, letting him off the hook and blamed her. It might be spoken of but it's not understood in ways that are helpful. (Focus group participant)

Despite these conceptualisations of the issue among some members across the communities, participants also considered that in some communities there was interest in fostering

community discussions about DFV. Building capacity to enable this to occur this was imperative.

> Well, I've been in Australia about a year and during this period I haven't had anybody discuss about this topic, the topic of domestic and family violence. But before I came to Australia, when I interviewed my friends abroad, this used to be a topic that would come up quite often and we would talk about the bad influence of domestic and family violence. I believe that it distracts the family unit. And if this is not stopped in time, then if the parents are involved in domestic and family violence, then the children will learn and they will continue to commit domestic and family violence in their families because they have seen this happening with their parents, in their family. And so, it will be something that they will assume to be acceptable and this could continue down many generations. So it is time for us to talk about domestic and family violence. (Male community member)

> It's [DFV] not talked about at all. It's very uncomfortable, um—yeah. I mean some … of them [victims of DFV] are really isolated. I was only chatting with one of them the other week who said, you know, "My father really wants me to get out [of the violent relationship]" you know. And, and her father lives in a whole other country and I said, "Oh, you know … what do you think he's trying to tell you? What, what do you think—what kind of message is he trying to give you?" and she said, "Oh, my father just doesn't believe this [DFV] is okay" … She was still working through her decision-making but very supported by her … her father. (Female community member)

There was also evidence of community members (over and above community and religious leaders) being active in efforts to address DFV in their communities:

> So he [father of victim] actually got all of the men in the community to convince this young man to plead guilty [to DFV charges], because that was the only way he could get onto the [perpetrator intervention] and you know, everybody came to the court on that day; all of the men in the community came to the court. It was extraordinary and I'm just forever thinking, "That's amazing!" This man—this father was so clear that for him this behaviour was not acceptable for his daughter. He had then got the

knowledge, explained it to his community and then they've all worked with this young man to hold him accountable. (Focus group participant)

Sub-principles

The findings provided evidence for the building of capacity within the communities to work towards prevention of DFV and to enable the community members themselves to make a more informed, informal but safe response to the issues in accord with the Australian legal framework and formal responses. This was seen as positive. As such, three sub-principles were developed:

5a. Agencies delivering perpetrator interventions partner with communities to build capacity to respond appropriately to DFV within the community.

5b. Perpetrator interventions represent an avenue through which discussion of DFV is facilitated.

5c. Perpetrator interventions recognise that DFV occurs in all cultures. Interventions should respect cultural differences as long as such differences do not violate the safety and rights of community members or Australian law.

6. **Perpetrator interventions respect diverse family structures, values and strengths (n=13 and the integrative literature review)**

There was a strong belief among participants that perpetrator interventions should leverage positive aspirations evident among refugee men and women related to a genuine desire for their children to experience a better life than those of their parents and to grow up in an environment that is supportive and nurturing.

> Our children will have a chance to grow in [a] safe environment if there is such [a] program in the community. We have come to Australia. We've had lots of troubles but we don't want our children to suffer like us. We want them safe and [to] have a good life. (Female community member)

Similarly, there were strong beliefs expressed that interventions that are seen to break up the family unit would not be best placed to actively and positively engage men. As such, an intervention that was structured in a manner that enabled families to stay together, when it was safe to do so and desired by the family members, was seen to have greater suitability and, hence, potentially more positive outcomes:

> I guess one of the biggest issues in CALD and then refugee communities is a fear of losing their family, fear of losing their relationship, fear of losing their children. So I guess, um, any intervention that could address that fear will actually go a long way in getting people to come out to talk because people don't talk, because they don't want to lose their relationship … they don't want to lose their children … A lot of women that speak up … about the domestic violence, the man is arrested, the man is jailed, and then—and that's the end of the relationship and their children become fatherless and the wife had no husband. Um, but if you have an intervention whereby the man is taken away and, um, go to counselling and whenever he's back, whenever he's okay, then the intervention should have something to reunite them again. (Focus group participant)

Sub-principles

The overarching principle of the safety of women and children naturally is interrelated with aspects of this candidate best practice principle. Where any principle or sub-principle is in tension with one or more of the overarching principles, priority is always given to the latter. Therefore, these sub-principles are given with the caveat that where there are aspirations to maintain the family unit, this can only occur where the safety of women and children has been comprehensively assessed, and women have made a choice for this to occur.

6a. Perpetrator interventions work to maintain or reunify the family unit when desirable and safe.

6b. Perpetrator interventions incorporate strategies to support the family unit where possible and safe. Support provided is based on addressing needs of the family that are associated with the perpetration of violence.

7. **Perpetrator interventions recognise issues that can impact on levels of engagement (n=16 and the integrative literature review)**

Engaging perpetrators and maintaining that engagement over the course of the intervention was seen as pivotal to meeting intervention objectives and outcomes. As noted above, the lives of refugee community members are complex, as they are dealing with a range of structural and personal factors that

impact on their ability and desire to engage with educational, awareness-raising and/or men's behaviour change programs. Recognising these factors is important to ensure the highest possible level of engagement is reached.

At the most basic level, a perpetrator not realising that his behaviour is abusive would indicate a lack of engagement. In this way, this candidate best practice principle is interrelated with candidate best practice principle 10 (below) about diverse levels of understanding of what constitutes DFV in an Australian context and formal responses to it. Additionally, in candidate best practice principle 2 (above), lack of education and socio-economic disadvantage are included as intersecting factors that influence the manner in which DFV is perpetrated. The current candidate best practice principle therefore relates largely to other factors at an individual level that are likely to have a negative impact on engagement should they not be recognised in the development and delivery of the intervention.

It was strongly identified by participants that shame and stigma felt by perpetrators of DFV would impact negatively on engagement:

> Shame, they [perpetrators] feel ashamed. They feel useless. They feel, um, value—valueless, so all [these] negative words flow in their mind and they find themselves always resisting; not to come to the community because he knows he's guilty and he knows what he's doing; people don't want, so he's afraid to come to the midst of the people that people are going to talk about them, you know? (Female community member)

> [DFV is] a very hidden and shameful subject. You know, [women will say] "I want the violence to stop, but I don't want to shame my husband and I don't want to lose my husband to the courts." (Focus group participant)

Having the intervention delivered in the participants' first language was considered more likely to lead to higher levels of engagement than if it were delivered in English.

> They're all educational programs but we have to encourage that to be delivered in their own language, so that they understand, yeah. (Female community member)

It was also considered that delivery in participants' first language would ensure that the words and expressions used were appropriate and would facilitate respectful interaction.

Sub-principles

Analysis provided evidence for two sub-principles:

7a. Perpetrator interventions consider the potential impacts of stigma and shame as a barrier to engagement.

7b. Perpetrator interventions take into account other barriers to engagement such as time, resources and other individual needs.

8. Perpetrator interventions recognise and respond to complex individual needs (n=16 and the integrative literature review)

Individuals from a refugee background were perceived to have highly complex needs by participants in both this research and evidence from the integrative literature review. They include physical and mental health, educational and financial needs, and the need for social support. Ensuring that interventions are sufficiently flexible to enable a range of other issues to be subsequently or concurrently addressed along with DFV was considered important by participants, as illustrated below:

> I guess it [intervention] should be in both group and individual [formats]. Group for like a workshop, training, educate the people, let the people know what services are available for them, how they can use those services. And individual for counselling sessions, giving them the, um, the support, help for their mental health, counselling, you know, refer them to the … to the psychologist or even if you can actually bring a psychologist in that program is going to be a good idea. (Male community member)

A phased approach was also seen as beneficial:

> Understanding the trauma they [perpetrators from a refugee background] have gone through and then addressing this trauma, and addressing what's behind that violence, what's causing them to be that way … So what I found out is that those that I spend more time with in one-on-one counselling before taking them to the group … they change [more] easily [than those who

do not have this contact] … The people you spend time with and listen to them, listen to their journey, listen to what they have gone through, and then help them to understand what they've gone through then it's easier to stop. (Focus group participant)

I think they [perpetrators of DFV] should be referred to … to most probably in the case of people who have a mental health problems, as well as being violent to the psychiatrist or a psychologist because these are the people with the expertise, people who know how to handle these people. They know how to help these people because if somebody who's got a … a mental health problem and, and that is happening while he's also committing domestic and family violence, then he needs specialists attend his specialist care. (Male community member)

The perpetration of DFV also intersects with other issues. Alcohol and other drug use and misuse was highlighted by participants as being important:

So particularly when the men feel that they cannot—they cannot survive their challenges, so they cannot cope with their difficulties so they use alcohol to resolve their problems … When they cannot do work, and they feel like they cannot do things for the family, like for the community so they feel like they have, like, no hope or something like that. So usually this kind of men are—they use alcohol. So, when they use alcohol then they would begin [to] do … violence at home. (Male community member)

I'm aware of so many service providers who help, but the only areas that are good is where a person is become an alcoholic or drug user that is where we could, sometimes we refer them to the service provider for counselling and also psychiatric [help], refer them to help them to tackle their addiction … So I'm aware of that but the question is—some people we refer them [to but] they come back and still continue drinking or still abusing their partners … and it seems like they are not helpful at all because it [the man's use of violence] is the same … The cultural way of counselling or rehabilitation I think [would] work better than this … formal … structure that are helping

men … who use violence against their families. So I don't know whether they [alcohol and other drug services] are really helping or not. (Male community member)

Mental health issues were seen to be significant for many perpetrators of DFV from refugee backgrounds. Hence, addressing these issues was considered to be part of a holistic intervention:

The husband was actually struggling to find a job, you know, and then that's [had an] effect on like, his mental health and he ended up beating the … wife and the children, you know, and, um, he left the … the property, you know, and then the police actually got involved, the department of children [sic] got involved. (Male community member)

"There's nothing wrong with me", I mean a lack of insight into, you know, their own mental health problems … Just their lack of understanding you know, and which is kind of almost, in some ways part of their mental health qualities, part of their mental illness … They just—they don't have the insight that it's a problem. And what do you do with those people? (Focus group participant)

Because of the complex needs of many individuals from a refugee background, a timeframe extending beyond 12–26 weeks (the typical duration of many men's behaviour change programs) was considered desirable for future interventions. Models from other sectors were drawn on as a way of comparison:

I think it's kind of like, when you look at like frameworks around say alcohol and drug use, so trauma or even things like that, I think, you know, the better models show that there's multiple causes, it's not—you know, if you're from this culture. And these issues need to be addressed and they take time. (Focus group participant)

How long does it need to be? I don't think it's—just sort of say it's 6 weeks and probably we fixed it and we dealt with all of the trauma and all of the—you know, your unemployment, and your mental health problems, and your alcohol and drug use and, yeah, it's all fine at 6 weeks. I mean if you, if you can get that, you have done a great job. But it should be based on the person's need and how

long they need to, to change … I mean, you know, you can look at sort of some other models that are used in the alcohol and drug sector where you have like rehab … so it might be sort of 6 months of fairly intensive, then you might move to a more community-based, you know—you might do that for a year … you know but not every day. (Focus group participant)

You're talking about a behaviour that is nested in … trauma. And if you have a trauma-informed approach, that's great, you know, but it means that people deal with the trauma in different ways and you might be able to [curb] that particular behaviour. But if you just do it as a—you know, here's a 6-weeks intervention, they may actually start the behaviour but then they might start drinking or they might start, you know, something else … That's not to sort of say that people are apparently violent, but I don't think you can just sort of say in 6 weeks and then they'll be fine which is what the government was really like. (Focus group participant)

Sub-principles

To appropriately address perpetration of DFV by those with complex individual needs, the perpetration of violence should not be seen as isolated from them. The following sub-principles reflect this.

8a. Perpetrator interventions recognise the multiple factors at an individual level impacting on DFV behaviours.

8b. Perpetrator interventions are based on a case-management approach.

8c. Perpetrator interventions take into account level of English language competency and education levels of participants.

8d. Perpetrator interventions are flexible to address a range of issues associated with the perpetration of DFV and provide support beyond program completion.

9. **Perpetrator interventions explicitly address pre-settlement experiences (n=9 and the integrative literature review)**

Individuals from a refugee background have settled in Australia as a result of forced displacement, often through war and other unrest, and have experienced highly traumatising events, often sustained over many years. Addressing the use of DFV must, by necessity, be done in a trauma-informed manner. It is for this reason that "trauma-informed interventions" is an overarching principle. There was caution in the focus groups, however, around the skills needed for facilitators of men's behaviour change programs to ensure that the desired outcomes of the program remain in focus while practitioners practise in a trauma-informed manner. These concerns are highlighted below:

My experience [with a high-therapeutic, trauma-informed approach] in men's behaviour change work is that doesn't work because what you can end up with is a group of practitioners who end up running a group that's a men's healing program and that's not what a men's behaviour change program is … But you've also got to build into the program mechanisms and referral pathways that, you know, when they [MBCP facilitators] say that the experience of having a guy in their group talk about quite severe trauma is very important to acknowledge and honour, you know. But, the practitioners might say, "That's a terrible set of circumstances to happen to you." But what we've done, what I found helpful is to say to him [MBCP participant], "So, where are you are in terms of, you know, your healing journey around that, because this program really cares about what we're hoping to achieve here but how about we connect you to somebody who can assist you around [that]." That's the trauma-informed space in MBCP work. Otherwise, you run the risk of the drift to it becoming a men's healing program—which can be a great invitation for practitioners because it's actually easier. (Focus group participant)

There was strong support in the integrative literature review findings for DFV interventions to understand the importance of pre-settlement experiences when developed for perpetrators from a refugee background. Similarly, participants in Phase 2 considered that experiences of trauma need to be addressed as part of any intervention.

There is that exact need [to address pre-settlement experiences] because there's definitely need for them [perpetrators of DFV] to be able to … talk about their experiences, talk about, um, if there's any trauma from their refugee camps. They talk about that … because if it's not explored, usually it brings problems. I think it [addressing pre-settlement experiences] will help. (Focus group participant)

Sub-principles

In light of the findings for candidate best practice principle 9, two sub-principles were developed:

9a. Perpetrator interventions take account of, and address, experiences prior to settlement.

9b. Perpetrator interventions provide opportunities for men to reflect on pre-settlement violence (family and domestic violence, and public violence).[12]

10. Perpetrator interventions account for diversity in understanding of domestic and family violence and Australian responses (n=18 and the integrative literature review)

Findings from the integrative literature review and Phase 2 demonstrated there was limited understanding in refugee communities about DFV as conceptualised in an Australian context, and Australian responses to it. The members of the respective refugee communities involved in Phase 2 of the research have been in Australia for varying lengths of time. As such, they have varying levels of understanding of what constitutes DFV from a Western perspective, and have varying levels of engagement with agencies that form part of the formal response. Reflective of a lack of acknowledgement of DFV as an important issue in their country of origin, participants described the belief among many refugee community members that DFV is "part and parcel of family life".

Limited interaction with the formal response system has meant that there is much misinformation in the communities about the respective agencies. The following quotes are typical of many community members:

Men who use violence here in Australia from my community feel afraid of asking or searching for help. They think that they might be locked in jail. This is what they think. It might be wrong but it might be correct. (Male community member)

People in our community feel scared of anything related to women['s] and children['s] rights. Also we don't have [a] clear understanding [of] what those services do. Are they related to police? Are they going to take our children away from us? Are they going to punish men and put them in jail? A lot of uncertainty about those services. (Male community member)

While there is no sound evidence in the literature that education in and of itself leads to behaviour change, there was a sense that, if refugee communities were aware of the requirements of Australian law, some men who use violence may be more open to addressing their violent behaviours:

Well, from my experience, what I've noticed is that people who come from [name of country], back home they live in a different culture and so when they come over here they still feel that the wife is somebody who does everything that the husband wants her to do. He is not aware that times have changed, the culture has changed, and, therefore, not being aware he couldn't abuse wife as he used to back home. So if we can teach these men that this is the law of the land. This is the law of Australia … If we can explain to them [the] things they can do and the things they cannot do, I'm sure once they know that the law says you cannot do this to your wife or to any member of your family, I'm sure they will listen and they will do things properly. (Female community member)

Sub-principles

The above findings resulted in three sub-principles being developed for this candidate best practice principle:

10a. Perpetrator interventions account for different levels of acculturation of communities and individuals and how this reflects their understanding of what constitutes DFV. Interventions also account for individual levels of understanding, knowledge and assumptions.

10b. Perpetrator interventions account for different levels of refugees' understanding of Australian laws and agencies involved in formal responses.

10c. Perpetrator interventions recognise levels of acculturation of communities and individuals and work to dispel any myths prevalent in communities.

11. Perpetrator interventions embed tenets of the Australian legal framework (n=15 and the integrative literature review)

Further to candidate best practice principle 10 (above), of particular note was a lack of understanding of the legal response to DFV in an Australian context.

> We [community] do have a few [cases of domestic and family violence] that ended up deeply into criminal issues. But it is very rare and … sometimes because it's—it can be because the misunderstanding of the rules and regulations and understanding of the Australian laws … and a lot of time people who came here they really don't understand the laws and regulations and their rights and obligations. So that is why they end up in the situation. (Female community member)

> The first 2 years that I came to Australia … I had to learn a lot. [I had] to understand the law of Australia … It [learning about Australian laws around DFV] was just like culture shock because [it was] something that was just not—in our culture, I mean you need to bring it into your culture … [Many in my culture] they don't understand the law of Australia, that domestic violence is not acceptable … But you have to … understand the way of living in Australia … the law of Australia, you [have to] understand the system of Australia, and you [have to] understand the meaning of domestic violence and the cause of domestic violence in this country, it would be very good for our community members [to understand this]. (Male community member)

> When we arrived in Australia we don't know the law of the land, we don't know the rules … and we believe that everything is exactly the same as it was in our own countries. (Male community member).

Given this limited understanding and its centrality in responses to DFV (including mandating perpetrators to men's behaviour change programs), and the findings of the integrative literature review that also point to limited understanding of the criminal nature of many abusive behaviours, it was considered important to have tenets of the Australian legal framework around DFV embedded in perpetrator interventions.

Sub-principles

The key findings reported above resulted in two sub-principles being developed for this candidate best practice principle:

11a. Perpetrator interventions adhere to Australia's legal framework and increase understanding of Australian law (criminal and civil) and legislation.

11b. Perpetrator interventions work to increase participant understanding of laws and legislation related to family and domestic violence and their ramifications.

12. Agencies delivering perpetrator interventions are integrated in the broader response to domestic and family violence (n=9)

The NOSPI (DSS, 2015b) and state-based perpetrator intervention guidelines and outcome frameworks (see for example Department for Child Protection and Family Support, 2015; Department of Communities, 2018; Department of Justice, 2017; Family Safety Victoria, 2017) note the importance of those delivering interventions to be part of a system-wide integrated response. The impetus of this may well be due to the intractability of DFV as an issue. DFV could be described as a "wicked problem", defined by Rittel and Webber (1973) as a problem that is "extremely difficult to solve for as many as four reasons: incomplete or contradictory knowledge; the number of people and opinions involved; the large economic burden; and the interconnected nature of the issue with others" (cited in Wicked Problems, n.d.).

Participants in Phase 2 also highlighted the importance of agencies who deliver perpetrator interventions being embedded in a broader response, and highlighted that this facilitated working in partnership across sectors to deliver a more comprehensive intervention:

> I think part of the problem is that a lot of services [say],

"Oh we only do DV", or "We only do mental health", "We only do AOD. You'll have to go somewhere else for the other ones." So I think it's better now between mental health and AOD but the DV I think … trying to find [FDV] and to be … bounced around between services and told, "I can only help you with this", or "I can only help you with your young man but you guys may have to go somewhere else", that's like a really hard … thing where you need more holistic support … Nobody [no one agency] can actually provide specialised [support] in all areas. I think to be able to provide holistic service is to have a better communication between all the agencies—the women's services, drug and alcohol, mental health. So somebody coming to you, don't push them away, but, um, you give them the service and also, um, refer them and communicate with those, um, other agencies. So the three of you could work together to provide that proper service for the client. (Focus group participant).

Addressing the myriad issues that individuals present with was noted above as particularly important given the complex needs of perpetrators of DFV from refugee backgrounds (candidate best practice principle 8), and the relevance of intersectionality as a lens through which to understand the complexity of structural factors impacting perpetration of DFV (candidate best practice principle 2).

Understanding the extent to which interventions are meeting their desired outcomes was perceived as important. As such, evaluation was also seen as both adding to the evidence base and ensuring better outcomes for those who use violence and their families:

By evaluating the performance, and efficiency of the program, it can be identified that the program works or not. It's impossible that, running a [DFV perpetrator intervention] program for people who have this issue [DFV], doesn't have any positive effect. And after a little while [participating in the program] it will show its effect as the people who have this issue haven't seen these kind of programs before. When … they [perpetrators of DFV] get involved in these programs, they will see a positive impact on their life … By evaluating the result of the program, we ensure such a program works and it meets the needs and the interest of the community. (Female community member)

After you conducted the … program, two times or three times, you will see if there is another chance to run it again. It depends how long are you going to run the program and then come back to make a decision [whether or not to keep it running]. You will have the information from those groups and you can see if there are any changes there or there are no changes. So you can take the information and then, you know, improve parts of the program … to make it more acceptable. So it's an ongoing evaluation that could help, like, improve the quality of it. (Male community member)

Sub-principles

12a. Perpetrator interventions are evaluated to ensure they are effective.

12b. Agencies delivering perpetrator interventions are closely integrated and work in collaboration with services from other sectors (e.g. alcohol and other drugs, and mental health) as required by the needs of the client.

Key findings:
Consensus on best practice principles

To arrive at consensus around the inclusion and ranking of the candidate best practice principles, a two-round Delphi technique was conducted. As noted in in the Methodology section, in Round 1, panel members were asked to rate the importance of each of the total 12 candidate best practice principles and accompanying sub-principles, and invited to provide a justification for their rating of the candidate best practice principles only. They were also asked to rank the 12 candidate best practice principles and invited to provide a justification for their ranking.

Phase 3: Delphi technique

Quantitative results

All participants who consented to be involved in the Delphi (n=27) received and completed a Round 1 questionnaire. Twenty-three panel members returned a Round 2 questionnaire but six were omitted from Round 2 analysis due to the questionnaire not being fully completed.

In Round 1, all 27 panel members rated each candidate best practice principle as either important or very important. Panel members were also asked to rank the candidate best practice principles from one to 12 to signify the perceived importance of each principle relative to others. Because of the consistently high ratings of the 12 candidate best practice principles it was deemed at the completion of Round 1 analysis that all 12 should be named as best practice principles for interventions for perpetrators from refugee backgrounds. This decision was also based on a review of best practice principles to confirm that 12 principles is an appropriate number.

Table 6 shows the comparison of mean scores, standard deviations and the ranking for each principle across both rounds.

A total of 27 panel members completed Round 1 and 23 panel members completed Round 2. Data for 17 panel members are included in the Round 2 results as there were data missing from six panel members.[13] As Table 6 indicates, following the two rounds of ranking, four groups of candidate best practice principles were evident. The top-ranked group (containing three candidate best practice principles) remained ranked in the same order in Round 2 as in Round 1, with a strengthened consensus indicated by a smaller standard deviation (SD). The mean for candidate best practice principle 1 went from 4.71 (SD 3.61) to 2.50 (SD 1.55); for candidate best practice principle 2 from 5.05 (SD 41.5) to 3.21 (SD 2.86), with the mean for candidate best practice principle 3 moving from 5.95 (SD 3.09) to 4.86 (SD 2.64).

The group of four candidate best practice principles ranked next highest (4–7) remained the same, in a different order, after Round 2. There was a tightening of consensus around rankings for all but one. The candidate best practice principle ranked fourth in Round 1 with a mean of 6.30 (SD 3.40) was ranked fifth in Round 2 with a mean of 6.21 (SD 2.14). The candidate best practice principle ranked fifth in Round 1 with a mean of 6.52 (SD 3.06) was ranked seventh in Round 2 with a mean of 7.29 (SD 3.49). The SD in Round 2 for this candidate best practice principle was higher in than in Round 1, indicating a softening around the relative ranking of this candidate best practice principle. The candidate best practice principle ranked sixth in Round 1 with a mean of 6.80 (SD 3.16) was ranked fourth after the second round with a mean of 5.00 (SD 1.93). Once again a strengthening around consensus of this ranking was evident. The seventh ranked candidate best practice principle in Round 1 with a mean of 6.90 (SD 3.70) was ranked sixth after Round 2 with a mean of 6.93 (SD 3.13), also indicating a strengthening of consensus around this ranking.

A group of three candidate best practice principles were ranked 8–10 in both rounds, though there was some movement in this group also. The candidate best practice principle ranked eighth in Round 1 with a mean of 6.95 (SD 3.56) was ranked tenth in Round 2 with a mean of 8.29 (SD 2.79). The candidate best practice principle ranked ninth in Round 1 with a mean of 7.05 (SD 3.56) remained ranked ninth in Round 2 with a mean of 8.00 (SD 2.20), and the tenth ranked candidate

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13 Missing data are explained by not all candidate best practice principles being ranked as well as instances where a panel member gave the same ranking to more than one candidate best practice principle.

Table 6: Comparison of mean scores, standard deviation and ranking across Rounds 1 and 2

	Candidate best practice principle	Mean Round 1	SD Round 1	Rank Round 1	Mean Round 2	SD Round 2	Rank Round 2
1.	Perpetrator interventions respect diverse family structures, values and strengths	4.71	3.61	1	2.50	1.55	1
2.	Perpetrator interventions work to empower women	5.05	4.15	2	3.21	2.86	2
3.	Perpetrator interventions recognise issues that can impact on levels of engagement	5.95	3.09	3	4.86	2.64	3
4.	Perpetrator interventions recognise and respond to complex individual needs	6.80	3.16	6	5.00	1.93	4
5.	Perpetrator interventions account for diversity in understanding of family and domestic violence and Australian responses	6.30	3.40	4	6.21	2.14	5
6.	Agencies delivering perpetrator interventions are integrated in the broader response to domestic and family violence	6.90	3.70	7	6.93	3.13	6
7.	Perpetrator interventions recognise and respond to community complexity	6.52	3.06	5	7.29	3.49	7
8.	Perpetrator interventions recognise intersectionality	7.14	3.57	10	7.36	3.39	8
9.	Perpetrator interventions explicitly address pre-settlement experiences	7.05	3.19	9	8.00	2.20	9
10.	Perpetrator interventions build community capacity	6.95	3.56	8	8.29	2.79	10
11.	Perpetrator interventions position, acknowledge and recognise the role of communities as service providers	7.57	3.61	12	9.07	2.59	11
12.	Perpetrator interventions embed tenets of the Australian legal framework	7.15	2.98	11	9.29	3.41	12

Best practice principles for interventions with domestic and family violence perpetrators from refugee backgrounds

best practice principle in Round 1 with a mean of 7.14 (SD 3.57) was ranked eighth in Round 2 with a mean of 7.36 (SD 3.39). The consensus around the ranking for all candidate best practice principles in this group strengthened across the two rounds.

The two least highly ranked candidate best practice principles swapped ranking positions between Rounds One and Two. The candidate best practice principle ranked eleventh in Round 1 with a mean of 7.15 (SD 2.98) was ranked twelfth in Round 2 with a mean of 9.29 (SD 3.41). This increase in SD indicates that the consensus around this particular ranking weakened across the two rounds. The candidate best practice principle ranked twelfth in Round 1 with a mean of 7.57 (SD 3.61) was ranked eleventh after the second round with a mean of 9.07 (SD 2.59) and showed a tightening of consensus around its ranking.

Qualitative results

As part of the process of rating and/or ranking the candidate best practice principles, Delphi panel members were invited to provide justification for their responses. Although many panel members provided justifications, some provided justification only for selected principles, with some providing no justification at all.

As noted in the Methodology section of this report, analysis of the comments on the questionnaires for both rounds of Delphi were undertaken utilising conventional content analysis (Hsieh & Shannon, 2005).

Round 1

Rating of candidate best practice principles and sub-principles

As noted previously, all candidate best practice principles were rated as either very important or important and no new principles were considered. The results presented below describe the justifications panel members gave for their high rating for each candidate best practice principle.

1. Perpetrator interventions respect diverse family structures, values and strengths

Those who rated this principle as "very important" or "important" noted that respecting diverse family structures, values and strengths would "achieve greater results" for the intervention, in part because participants in the intervention would "feel respected and in return respect those delivering the intervention". It was also seen that this respect would "help build rapport with the families and improve the professional relationship". "The power of extended family members to settle or, alternatively, increase family violence" was also noted. The family was seen as a "core part of refugee communities" and "respecting diversity of family structure can go a long way to strengthening a family and preventing another incident of DFV". One participant noted, however, that "intervention and prevention of DFV should be preserved over respecting diverse family structure".

2. Perpetrator interventions work to empower women

Where this principle was rated as very important or important a range of panel members noted the "structural disadvantage" of refugee women, that gender inequality was an "underlying determinant of violence against women" and that "ultimately it is up to the woman to make the decision to act [after experiencing DFV], so empowering them is essential".

3. Perpetrator interventions recognise issues that can impact on levels of engagement

A very important or important rating for this candidate best practice principle was justified in terms of the importance of engagement of perpetrators to ensure interventions are effective, and for minimising program attrition. It was also observed that if barriers to engagement are known, strategies can be put in place to minimise them.

4. Perpetrator interventions account for diversity in understanding of domestic and family violence and Australian responses

Panel members who rated this candidate best practice principle as very important or important noted a belief that it may be easier to hold perpetrators responsible for their violence if diverse understandings of DFV, and Australian responses to it, are addressed. Those developing and delivering the

interventions would be, for example, raising awareness of how DFV is conceptualised in Australia and of Australian responses to perpetrators. Therefore, perpetrators could "no longer believe they could continue to offend and get away with it—because they have previously done so". A very important or important rating was also justified in terms of the importance of interventions addressing perpetrators "hiding under their 'culture' and continuing to abuse their partners". Panel members considered there was a need to increase the understanding of DFV in refugee communities, and DFV perpetrator interventions were seen as a way to work towards this.

5. Perpetrator interventions recognise and respond to community complexity.

A very important or important rating was given for this candidate best practice principle where the necessity of recognising the complexity of refugee communities if interventions are to be "meaningful" was noted. Some unnamed issues related to the perpetration of DFV in the community were seen to be "very powerful and hard to combat", but recognising this complexity and "responding accordingly" was seen as a way to address them. One positive outcome that can arise in response to community complexity is the identification of community strengths so "the community can then build on them". It was also noted that "community complexity is often a significant factor at the heart of DV" and so must be recognised when DFV interventions are being developed.

6. Perpetrator interventions recognise and respond to complex individual needs

Very important or important ratings for this candidate best practice principle were given, with panel members noting the impact of "external pressure in an individual's life on incidences of DV in refugee communities", the impact of complex individual needs on "engagement in programs" and the accessibility of interventions. Intervention outcomes were also discussed and it was considered that recognising and responding to complex individual needs "can lead to positive outcomes" but failure to do so may result in "the message conveyed in the interventions not be[ing] retained or practised". One participant noted, however, that "the program should not concentrate on individual issues" and

that it is "impossible to meet all complex needs".

7. Agencies delivering perpetrator interventions are integrated in the broader response to domestic and family violence

A very important or important rating was given by panel members for this candidate best practice principle, as it was perceived that integration of services results in "more effective interventions", families are "supported more holistically through an integrated response" and "integration allows a multi-faceted response to a complex issue like DV".

8. Perpetrator interventions build community capacity

Building community capacity was given a very important or important rating because of the involvement of the community as a "first point of call" to respond to DFV and the need for the development of capacity to ensure this occurs safely and effectively. It was also considered very important or important because the building of community capacity could result in "opening up … discussions about FDV in the community" and "reducing stigma in talking about it". It was also seen as an avenue to "stronger, more resilient communities".

9. Perpetrator interventions explicitly address pre-settlement experiences

Justifications for either a very important or important rating for this candidate best practice principle can be encapsulated by one member who noted that "the past shapes our future", with a number of other members noting that "we need to recognise the role pre-settlement experiences play in DV and work with it during intervention". There was also a belief that "perpetrators [of DFV] may have gone through experiences that have resulted in trauma and they are unaware of where to seek help and instead lash out at those closest to them". The impact of pre-settlement experiences on program engagement were also noted.

10. Perpetrator interventions recognise intersectionality

For a very important or important rating, panel members noted that "many factors underpin perpetration of DFV" and that recognising intersectionality will "give us a picture of the impact of external factors on perpetrators". It was further considered that recognising intersectionality may "assist in

working through some of the barriers faced by refugees in getting support for their use of DFV".

11. Perpetrator interventions position, acknowledge and recognise the role of communities as service providers

A very important or important rating was given by panel members for this candidate best practice principle where the importance of "communities and service providers working together" and the greater acceptability of "dealing with members of your own community in delivering interventions" were noted. Similarly either of these ratings were given when the community as "the first point of call for [DFV] help" and communities' roles in "driving change" were noted. Panel members also gave a very important or important rating for the necessity of "service providers listening to communities rather than constantly implementing new projects without consulting with the communities involved". Panel members also noted that interventions developed in partnership with communities are likely to be "more culturally appropriate", with the community being able to "provide additional insights in how to assist perpetrators by providing knowledge about community culture and social norms", and may "promote community self-determination".

12. Perpetrator interventions embed tenets of the Australian legal framework

The major focus of justifications for a very important or important rating for this candidate best practice principle revolved around ensuring refugees understood "Australian laws pertaining to DFV" and that "all parties understand the limits of acceptable behaviour" and the "legal ramifications of perpetrating DV".

Ranking of candidate best practice principles

Results from the analysis of the ranking of candidate best practice principles are now presented. The numbers in parentheses represent the respective rankings that the principles were given.

1. Perpetrator interventions respect diverse family structures, values and strengths

Justification for the rating for this candidate best practice

principle included the notion that respect "should be the essence of any perpetrator interventions, otherwise it [intervention] wouldn't help" (6). It was also felt that once respect is gained, those involved in DFV perpetrator interventions "will listen" to those delivering them (1). Additionally, it was highlighted that if interventions were to "better serve" (1) participants "it is important to understand the dynamics of their families" (1). The importance of the family in refugee communities was apparent with the family being placed at "the core of the identity of any individual" (8). Recognising the strengths of families could also mean that "other [family members'] strengths [could be] recognised" (10) and so "enable all family members to be valued"(6).

Some justifications contained a warning regarding the failure to recognise diversity in family structures, values and strengths, which could mean potential participants "might avoid participating in the programs" (2) or alternatively may not "implement what they have learnt in the programs in their lives" (1).

2. Perpetrator interventions work to empower women.

It was both explicit and implicit in the justifications provided by many Delphi panel members that women "are an essential part of community" (2) and, as such, it was incumbent on any DFV perpetrator intervention to "promote and ensure rights for women". Indeed, it was suggested that "respect for women is essential to success of the intervention" (5), and empowerment "makes women less vulnerable to DFV" (9). It was also considered that "empowering women can be considered as a preventative approach" (8) adding to the value of DFV perpetrator interventions (4). One panel member noted that empowered women are able to make a positive contribution to DFV perpetrator interventions through being "in this space" (4). Empowerment of women was seen as particularly important because "patriarchal systems are entrenched in our community" (2).

3. Perpetrator intervention recognise issues that can impact on levels of engagement

The justifications for the ratings for this candidate best practice principle revolved around notions that if perpetrators were not engaged, the intervention would not be effective (1; 5; 9). A panel member who ranked this particular candidate best

practice principle first suggested that "even a very holistic and integrated program will not have effective outcomes" should those issues that can impact on levels of engagement not be recognised. In a similar vein, "being aware of these issues can assist in providing holistic support" (9). There were also suggestions that if such issues are not recognised, the "dropout rate will be high" (2).

4. Perpetrator interventions account for diversity in understanding of DFV and Australian responses

This candidate best practice principle did not attract a large number of justifications for its relative ranking. The variation across and within refugee communities both in terms of levels of understanding of DFV and how it is responded to in an Australian context was reflected in comments across a number of ranks (1; 5; 4), such as: "Many men from different cultural backgrounds don't consider their behaviour towards their partners as a violent act based on their cultural religious beliefs." (4) That said, accounting for this variation was seen as a "great way to assist integration for refugee communities" (5) and a "good understanding and definition of FDV is a great starting point for intervention" (1).

5. Perpetrator interventions recognise and respond to community complexity

There were a number of justifications succinctly encapsulated in the comments provided by a panel member who ranked this candidate best practice principle seventh: "When you understand the community you understand the issue [DFV]." There were more specific comments made, including that recognising the complex nature of refugee communities "will make communities involved feel respected" (10) and that "community pressure can be an important factor for perpetrators to avoid participating in the programs" (3). There were also tempering comments from two panel members who ranked the candidate best practice principle ninth and tenth respectively, the essence of which is encapsulated as follows: "This principle is important but violence is not acceptable." (9)

6. Perpetrator interventions recognise and respond to complex individual needs

This candidate best practice principle attracted a high number of justifications from panel members for how they ranked it. The following justification from a panel member who ranked it second was reflective of others who ranked it highly (i.e. between one and four): the "perpetrator won't change his attitude and behaviour unless the impact of many things that he may have impacting on his life [is] recognised and responded to". There were also comments that suggested that such a recognition and response would make potential participants in the intervention "feel valued" (3), feel "supported and connected" (4) and "help them [participants in the intervention] settle down and benefit from the services in a maximum level" (3).

Panel members who ranked this candidate best practice principle fifth or lower noted that the needs of some perpetrators from a refugee background are so complex that they cannot all be met (7; 9). Some also "assumed that all interventions would account for this" (10). That is, it was taken as given that this would occur (6; 8; 9).

7. Agencies delivering perpetrator interventions are integrated in the broader response to domestic and family violence

"Limiting the level of success" (2) was seen to be a consequence of agencies that are not integrated in the broader response to DFV delivering perpetrator interventions (7; 11). This sentiment was also worded positively, with "working co-operatively [being seen to] increase the effectiveness of the intervention" (7) and to "help participants to feel safe and supported" (8). There was also the mention that being integrated more broadly would "ensure good knowledge of cultural understandings [of DFV] so services will be well received" (1). Of particular note were comments about the necessity to "have an integrated approach because this is a multi-faceted issue" (11). As with justifications for other candidate best practice principles, there was the assumption that "to be providing interventions, it is assumed that the service would already [be] integrated to some extent" (12).

8. Perpetrator interventions build community capacity

Through the justifications it was both implicitly and explicitly stated that "communities can come together to facilitate change" (2), community responses to DFV "would have a greater influence [on] actions against violence than those

imposed from outside" (8) and "community developed solutions … would be sustainable and effective" (10). It was noted that "the community has its own strengths" (8), but to have these strengths leveraged for DFV perpetrator interventions, and the potential for communities to be change agents and influence DFV actions realised, community capacity needs to be built.

A common perspective in justifications for this candidate best practice principle was that "past trauma or intergenerational trauma" (8) "can be manifested in a number of ways such as domestic violence" (6). The impact of this trauma was also considered to "impact on the client's perspective about the use of domestic violence by men" (4). There was, however, a caution for this candidate best practice principle when it was noted that interventions "need to focus on violence not [being] accepted in Australia and people should abide by Australian law" (11).

9. Perpetrator interventions explicitly address pre-settlement experiences

It was common for panel members to consider the broader impact of pre-settlement experiences on behaviour within the family. For example, "pre-settlement experiences can have a significant impact on both the perpetrator and the victim of DV regarding decision-making" (10). Justifications for low rankings included assertions that "DV is choice, not just behaviour" (10) and resignation that "in general people tend to do what they usually do" (12). Where it ranked more highly was when addressing pre-settlement experiences was seen to impact positively on the delivery of interventions because doing so would "provide great insight in understanding the individual you work with and form best intervention" (3). Mid-range rankings were justified by a consideration that addressing pre-settlement issues was important because it would "make perpetrators feel heard" (8), but "not all such experiences will be relevant to FDV" (8).

10. Perpetrator interventions recognise intersectionality

This candidate best practice principle did not attract many justifications for its relative ranking (n=7). Those justifications that were provided described it merely as being "important to recognise intersectionality" (2) with others providing some clarification surrounding its importance: "feeling isolated

and oppressed by the mainstream society due to racism/discrimination, unemployment, social exclusion, language barriers, lack of sense of belonging, not control over own life et cetera can be the roots [causes] of DV" (7). It was also noted that "it's important to know how different factors can intersect to make changes to DFV in refugee communities" (12). A reminder was also noted about recognising that "yes, there are layers of disadvantage that need to be considered, but will [recognising these layers] take [attention] away from accountability?" (12)

11. Perpetrator interventions position, acknowledge and recognise the role of communities as service providers

Change around DFV behaviours and attitudes was seen to be "driven internally in communities rather than from the 'other'" (7). Indeed, in some communities "talking about family issues with outsiders is degrading and is a sign of weakness" for some men (12). The role of the community in DFV perpetrator interventions was considered "vital" (6) and "not to be underestimated" (12). The role of the community as "the first point of call for support for most people of refugee background" (5) and as "first responders" (6) was highlighted. Religious and other community leaders were described as "play[ing] a vital role in de-escalating the severity of domestic violence including abusive and controlling behaviours" (9) but were also seen as either "helping to alleviate DFV or maintain DFV" (6). Additionally, recognising the role of communities was seen as important because "communities have deeper knowledge of their members' cultural, social and religious background and so can have beneficial effects both during the phase of designing the interventions and [when] delivering them" (9).

12. Perpetrator interventions embed tenets of the Australian legal framework

Some panel members argued that tenets of the Australian legal framework "must be included" (3) for a range of reasons, including "so perpetrators will understand that DFV is a criminal offence" (4), because it will "increase awareness [of the legal response] to DFV" (5) and because "perpetrators [will get to know] about the consequences of the abusive behaviours" (8). It was also considered that incorporating a legal framework in interventions would be "important to dispel myths" (8) circulating in refugee communities about

legal responses to DFV. Embedding tenets of the Australian legal framework in DFV perpetrator interventions was also seen to be a component of "the holistic and multi-agency response to DV" (12). The reason given for ranking this candidate principle tenth by one panel member was "because we first need to know the people we work with and understand their strengths and limitations so when legal messages are employed in the intervention there will be a higher chance of them being effective" (10).

Round 2 ranking of best practice principles

Limited justifications for relative rankings of each of the best practice principles were provided in Round 2. The relative stability of the ranking between Rounds 1 and 2 is considered to partially explain this.

Perpetrator interventions respect diverse family structures: There were justifications for ranking this best practice principle first and second. The first comment related to agreement that "this principle be at number one" (1)—the rationale being that "to work with someone effectively you need to respect and not judge who they are" (1). Respect for values was also mentioned as "crucial": if this was not the case DFV perpetrators "would not trust the intervention they are being given and as a result the process would fail" (1). There was also reiteration from Round 1 that if perpetrators consider that the intervention could "damage their family structure" they would be less likely to participate in the intervention and/or less likely to act on what was learned (2). Empowering women (as per the principle that *Perpetrator interventions work to empower women*) was seen as "probably the most powerful tool" (1) to address DFV and, as such, should be part of perpetrator interventions. This principle was seen by one panel member as "middle of the road in my culture" (8) but continued to be seen as an important component of prevention (8). The principle that *perpetrator interventions recognise issues that can impact on levels of engagement* continued to be seen as "providing support for a holistic approach" (3) and important to minimise dropout rates (2) across the two rounds of Delphi. The belief that *recognising and responding to community complexity* makes "communities involved feel respected" (10) was also apparent in both rounds of Delphi. Having agencies delivering perpetrator interventions integrated

in the broader response to DFV was seen as "crucial for an efficient intervention that achieves effective results" (7), for "implementing a holistic approach" (11) and as a means to ensure "a significant support system after the intervention" (1). Justification for ranking of *Perpetrator interventions explicitly addressing pre-settlement experiences* reflected the belief that "pre-settlement experience can have a significant impact on perpetrators of DV" (7) and for the *recognition of the role of communities as service providers* in terms of community involvement being "beneficial during the phase of designing the interventions and delivering them" (9). One panel member reflected on their initial ranking by stating, "After seeing that this principle has a low rank, it is evident that acknowledgement and recognition may not be as impactful as I first thought it would [be]." (5) Ranking for *embedding tenets of the Australian legal framework into perpetrator interventions* was justified based on notions that perpetrators of DFV need to "understand that FDV is a criminal offence" (4) with one panel member noting that "the Australian legal framework has my lowest rank. This is further supported by seeing it having one of the lowest average ranks [in Round 1]." (12)

Discussion

The aim of this research was to develop best practice principles that could underpin and inform DFV interventions for perpetrators from a refugee background. Through undertaking an integrative literature review, however, it was apparent that there was a dearth of information available internationally that could sufficiently provide the evidence to inform best practice principles for such interventions. National and state-based perpetrator interventions practice standards documents (DSS, 2015b; Department for Child Protection and Family Support, 2015; Department of Communities, 2018; Department of Justice, 2017; Family Safety Victoria, 2017) all note the importance of ensuring interventions are appropriate for perpetrators from CALD backgrounds. Despite this, it is difficult to be sure that the unique needs of perpetrators from a refugee background are adequately catered for in interventions for CALD perpetrators more broadly, due to the tendency of the literature to conflate "CALD" or "immigrant" with "refugee" (Fisher, 2013). Beyond asserting the need for interventions to be culturally appropriate, there is minimal specific guidance in practice-based documents about what constitutes best practice principles for DFV perpetrators from a refugee background. Given this lack of guidance, coupled with the reminder from Murdolo and Quiazon (2016) that to work effectively with men from refugee backgrounds, a critical reflection on current models of support or intervention is needed, alternate—but potentially complementary—best practice principles to those developed at state and national levels for mainstream interventions should be developed. Hence, participatory exploratory qualitative research was undertaken in refugee communities in a second phase of the research, the findings of which were triangulated with those of the integrative literature review in order to develop a set of candidate best practice principles. A subsequent Delphi process was undertaken to arrive at consensus around the final set of best practice principles—12 in all—with associated sub-principles.

Despite the limited empirical evidence available internationally to inform best practice principles for DFV perpetrators from a refugee background, NOSPI (DSS, 2015b) and state-based practice or minimum standards documents (Department for Child Protection and Family Support, 2015; Department of Communities, 2018; Department of Justice, 2017; Family Safety Victoria, 2017) provide some guidance. In these documents, two principles—"the safety of women and children" and

"perpetrator accountability for their use of violence"—are the bedrock upon which all formal responses to perpetrators of DFV in Australia are based. These two principles have cross-jurisdictional endorsement through the Council of Australian Governments and are embedded in the *National Plan to Reduce Violence against Women and their Children* (Council of Australian Governments, 2011). Hence, they comprise two of the three overarching principles for interventions for DFV perpetrators from a refugee background.

The third overarching principle, that all DFV interventions with those from a refugee background are trauma-informed, speaks to the significant level of trauma that is apparent in those fleeing war, conflict and/or persecution (Harris, 2018; Khawaja & Milner, 2012; Segrave, 2017), and the need for those delivering DFV interventions to understand complex trauma and its effect on individuals (Schock et al., 2016; Vaughan et al., 2016). Ensuring DFV interventions for perpetrators from a refugee background are trauma-informed is also important in light of the developing literature around the association between experiences of trauma and a perpetrator's use of violence (see for example Abrahams et al., 2006; Ehrensaft et al., 2003; Fox & Benson, 2006; Gupta et al., 2009; Raghavan et al., 2006). This association has partially been explained as resulting from the exposure of men from refugee backgrounds to violence (Krug et al., 2002), notwithstanding that women have had similar exposure.[14] Ensuring interventions are trauma-informed will ensure the contexts in which DFV is perpetrated are addressed (Bateman et al., 2013; Wilson et al., 2015). It will also ensure that the impact of experiences of trauma on successful settlement in Australia (Baobaid, 2008; Harris, 2018; Segrave, 2017; Zannettino, 2012) and the health impacts from trauma (Harris, 2018; Segrave, 2017; Zannettino, 2013) are recognised and, hence, able to be addressed. The impact of trauma on engagement with interventions (Harris, 2018) and, thus, in shaping the development of any intervention will also be recognised and taken into consideration.

One best practice principle in the final suite of 12 expands on the overarching principle that DFV interventions with perpetrators from refugee backgrounds are trauma-informed,

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14 Detailing the reasons why women do not resort to violence despite having experiences of trauma and displacement is an important area to explore, but it is outside the scope of the current research.

indicating that DFV perpetrator interventions should explicitly address pre-settlement experiences. This principle was ranked nine of 12 after two Delphi rounds but this may belie its importance, as pre-settlement experiences of torture and trauma are commonly described in the context of perpetration of DFV (Rees & Pease, 2006) in the literature. An argument could be made that the psychological effects of pre-settlement experiences should specifically and explicitly be taken into account in perpetrator interventions in refugee communities (Baobaid, 2008; Diamandi & Muncey, 2009; Rees, 2004). Justification for lower ranking of this best practice principle from Delphi panel members revolved around two main ideas: perpetrators would feel heard, but there was a belief that not all pre-settlement experiences were related to the perpetration of DFV. Given the body of literature about the impact of pre-settlement experiences on perpetration of DFV, and the rating of this relationship as either "important" or "very important" by Delphi panel members in Round 1, understanding the pre-settlement experiences of those from a refugee background and incorporating them into interventions holds weight.

The highest ranked of the final suite of 12 best practice principles addresses the need for DFV perpetrator interventions to respect diverse family structures, values and strengths. Its ranking at number one attests to the importance of the notion of "family" in refugee communities (Diamandi & Muncey, 2009). If perpetrator interventions are to be effective, recognising the centrality of the family in the social and community lives of those from a refugee background is pivotal. Many refugees arrive in Australia having lost family members through a range of unfortunate circumstances, including death or separation, and, therefore, the desire to retain a sense of family is not surprising. The importance placed on family is likely to amplify issues that arise as a result of acculturation stress (Khawaja & Milner, 2012), including the exercise of new-found independence by women and children (Muchoki, 2013). Respecting the desire to maintain or reunify the family unit—albeit only when it is safe for women and children and when the woman would like it to occur—is likely to increase participation in interventions and ally fears in many refugee communities that the primary goal for many agencies is breaking up the family (Fisher, 2009). It will also reduce the perception in some refugee communities

that the needs of men (Muchoki, 2013; Vaughan et al., 2016) are not considered by agencies.

The adoption of this principle, however, has the potential to be in tension with the overarching principle addressing the safety of women and children. It is vitally important that this tension is recognised and the strengthening of the wording of sub-principle 1(a) in the final "Best practice principles for interventions with DFV perpetrators from refugee backgrounds" (Appendix K) reflects this. It is also reflected in cautionary wording in the best practice principles document (Appendix K) that if there are aspirations to maintain or reunify the family unit, this can only occur where the safety of women and children has been comprehensively assessed and the woman has made a choice for this to occur.

The second ranked principle, namely that perpetrator interventions work to empower women, was informed by findings from Phase 2 that highlighted the diverse ways that patriarchal beliefs are evident in refugee communities, including the issue of a belief that a man has a right to "discipline" his partner. It is unsurprising that this principle ranked highly given that the findings of Phase 2 of this research are also apparent in the literature. For example, the literature notes how patriarchal beliefs are manifest in the reliance of women on their husbands/partners for financial security (DSS, 2015a) and the restriction by men of women's movements and employment opportunities outside the home (Fisher, 2009) through practices such as dowry abuse and forced marriages (DSS, 2015a; Fisher, 2009) and through the practice of discipline (Fisher, 2009). As such, addressing patriarchal beliefs about the roles of men and women as part of a DFV perpetrator intervention is important as patriarchal beliefs can be a conduit through which refugee men control and abuse their partners (DSS, 2015a).

Findings from Phase 2 noted how shame and stigma associated with the perpetration of DFV were important barriers to potential engagement of men from refugee backgrounds with DFV perpetrator interventions. This finding is supported by the work of Bonar and Roberts (2006), who also note the potential negative impact of these two factors on engagement. The findings of the integrative literature highlight a range of other barriers to engagement in interventions that need

to be addressed to enable effective outcomes from DFV perpetrator interventions, including poor English language skills, acculturation stress and mental and physical health challenges (Rees & Pease, 2006). Recognising the issues that can impact on the levels of engagement of perpetrators in DFV interventions was ranked highly in both rounds of the Delphi, at number three.

One strategy to potentially overcome barriers to the engagement of refugee men in DFV perpetrator interventions is to involve refugee communities in the development and delivery of interventions (Bonar & Roberts, 2006); as such, community involvement is included as a best practice principle. Although this principle did not rank highly (12 in Round 1 and 11 in Round 2), there is further evidence in the literature that the involvement of the community in interventions is one way of ensuring higher levels of engagement (see for example Dimopoulos, 2010; Rees & Pease, 2006; Spitzer, 2007). Such community involvement is likely to facilitate ongoing involvement in interventions by perpetrators as it increases the likelihood that the intervention is developed and delivered in a culturally safe manner (Chen, 2017; Raj & Silverman, 2002; Versha & Venkatraman, 2010), it will not be seen as being Western ethnocentric (Raj & Silverman, 2002) and will be easily understood by community members (DSS, 2015a). Where this principle is adopted, it is important that those working in partnership with the community recognise that there may be some tension between this best practice principle and the overarching principle of men being held accountable for the violence they use. Where this tension exists, priority must be given to the overarching principle. Consideration would also need to be given as to whether there was sufficient capacity evident in the community to engage as a partner in the intervention. Where there is insufficient capacity, consideration may need to be given to working with the community to build this capacity in the first instance.

Community engagement in the development and delivery of DFV perpetrator interventions is also important because supportive community structures (e.g. community and religious leaders who do not condone violence, support gender equality and have experience providing appropriate support for DFV) can be leveraged to support such efforts. Leveraging such support is incorporated into the best practice principles

as sub-principle 11(e). Acknowledging the potential of existing community structures in supporting interventions for DFV perpetration is important because research suggests that interventions that involve supportive community and religious leaders may see increased receptivity, due to messages likely being more relevant, and delivered by influential community members (Fisher, 2015; Nnadigwe et al., 2018; Robert Wood Johnson Foundation, 2014). Hence, they are more likely to impact community norms (Raj & Silverman, 2002) and attitudes (DSS, 2015a; VicHealth, 2007).

Community and religious leaders are also often called on to intervene informally in DFV issues in refugee communities (Fisher, 2009), despite uncertainty over the extent to which capacity to do so effectively is present (Dasgupta, 2000; DSS, 2015a; Fisher, 2015; Nnadigwe et al., 2018). Findings of Phase 2 indicate that having capacity within the community to effectively and safely respond to families and individuals around DFV is important if perpetrators are to be held accountable for their violence and women and children are to be kept safe. Hence, building community capacity is incorporated as a best practice principle.

The Delphi panel members regarded recognising the complex individual needs of perpetrators of DFV from a refugee background in interventions highly, at number four. There is evidence in the literature that grief, anger, mental health issues and misuse of alcohol and other drugs (Diamandi & Muncey, 2009; Rees & Pease, 2006), to name a few concerns, may affect the way in which perpetrators of DFV from refugee backgrounds act to address their use of violence. As such, issues that make their impact felt at an individual level should be taken into account when developing and delivering DFV perpetrator interventions in refugee communities (Rees, 2004). Day et al. (2009) take this one step further by suggesting that in the case of men's behaviour change programs specifically, interventions for issues individual perpetrators are facing may need to be run in tandem. This suggestion is further endorsed in the National Domestic and Family Violence Bench Book (Commonwealth of Australia, Department of the Attorney General, 2018).

There was high level support for the best practice principle suggesting that agencies that deliver perpetrator interventions

are integrated into the broader sector that delivers DFV responses (ranked sixth in both rounds of the Delphi process). Experiences of trauma and displacement add a layer of complexity in ensuring effective perpetrator interventions are developed and delivered. This makes it perhaps more important that agencies delivering these interventions are integrated with services in the broader response to DFV and, further, to the mental health, alcohol and other drug sectors and to those agencies providing specialist torture, trauma and settlement support to individuals from a refugee background. The issue of integration is a complex one, and it goes beyond the scope of this report to engage in a detailed discussion of this. Evidence from the literature supports the high ranking of this principle in the Delphi process with concerns around integration of services in the DFV sectors appearing in the international and national public policy and human service literature for approximately two decades (Healey, Humphreys, & Wilcox, 2013). The importance of "cross-sectoral coordinated responses to DFV [is] evident at some level within all jurisdictions in Australia, driven by practice, and by developments in theory" (Healey et al., 2013, p. 1), and also by the framework of the *National Plan to Reduce Violence Against Women and Their Children 2010–2022* (Council of Australian Governments, 2011). State-based practice standards for DFV perpetrator interventions all note the importance of agencies delivering perpetrator interventions and/or men's behaviour change programs being integrated into a broader response (Department for Child Protection and Family Support, 2015; Department of Communities, 2018; Department of Justice, 2017). The minimum standards for men's behaviour change programs in Victoria expand on this by requiring programs to have formal links to agencies who support perpetrators from diverse communities (Family Safety Victoria, 2017). Formal links, however, are not necessarily sufficient to ensure integration. The Whittlesea CALD Communities Family Violence Project (Whittlesea Community Connections, n.d.) provides an example of the involvement of community representatives in its integrated model. Their model was comprehensive and included prevention, early intervention and response. The Whittlesea model is described as an "integrated place-based model" (Whittlesea Community Connections, n.d., p. 6) giving credence to the notion that how integration is best achieved is dependent, to some extent, on the location and context in which interventions are delivered.

Refugee communities are complex, and recognising and responding to this complexity when developing and delivering DFV perpetrator interventions was deemed either important or very important by members of the Delphi panel and ranked seventh out of 12 in the Delphi process. Complexity through, for example, religious, linguistic and cultural diversity—both across and within countries of origin (El-Murr, 2018)—is evident within refugee communities. The literature supports the findings of Phase 2 of this research of the need for diversity to be recognised by those developing and delivering DFV perpetrator interventions (see for example DSS, 2015a; Murdolo & Quiazon, 2016) because of its importance in the shaping of program content and perceptions about the perpetration of DFV (see for example Muldoon & Gary, 2011).

The social and cultural context of refugee communities adds to their complexity in terms of the perpetration of DFV. For example, the findings of Phase 2 highlight that within refugee communities DFV is perpetrated by a wide range of individuals, including fathers, brothers, and parents-in-law. Recognition of this issue is needed when interventions are being developed and delivered (DSS, 2015a). Similarly, the literature notes the wide range of contexts in which DFV can occur in refugee communities, including abuse arising from the payment and receipt of dowry (DSS, 2015a) and forced and underage marriage. Use of dowry may be construed as abusive when demands for more money or gifts made to the bride's family escalate or become coercive, or when accusations are made that the dowry has not been paid. These demands may involve violence (Anti-Slavery Australia, 2018).

The findings of Phases 1 and 2 of this research attest to the complexity of refugee communities and the complex individual-level challenges that perpetrators of DFV from refugee backgrounds have faced prior to settlement and continue to face. These challenges are both individual (see for example Baobaid, 2008; Diamandi & Muncey, 2009; DSS, 2015a; Fisher, 2009, 2013; Rees & Pease, 2006) and structural (Rees & Pease, 2006). The utility of viewing the perpetration of DFV in refugee communities and the development of interventions to address it through an intersectional lens is captured in the final suite of best practice principles. An intersectional lens positions men from a refugee background as simultaneously oppressed and privileged (particularly in

Best practice principles for interventions with domestic and family violence perpetrators from refugee backgrounds

the family, by virtue of gender). It also enables the recognition of multiple interacting forms of disadvantage (James, 2010; Pease & Rees, 2008; Rees & Pease, 2006) that shape men's use of DFV in refugee communities and renders them visible. Insights arising from an intersectional analysis enable those developing interventions to have detailed evidence to inform their intervention (Pease & Rees, 2008; Rees & Pease, 2006) and those delivering the interventions to understand the influence of social class, racism and ethnicity on masculinities when challenging men's use of violence.

Findings from Phase 2 suggest that many individuals from a refugee background do not understand that a range of behaviours that constitute DFV are criminal in an Australian context, with some believing that the use of violence is just a normal part of family life. Further, evidence from Phase 2 suggests that some men who use violence could be more likely to change their behaviour were they aware of this fact. Given the lack of understanding of the Australian legal response to DFV and the centrality of legal responses to DFV in Australia (including the mandating of perpetrators to men's behaviour change programs), it is important to have tenets of the Australian legal framework around DFV embedded in perpetrator interventions for perpetrators from a refugee background.

Conclusion

The aim of this study was to identify best practice principles to inform and underpin culturally appropriate, trauma-informed DFV interventions for perpetrators from refugee backgrounds. Through a three-phased, mixed methods study, three overarching principles and 12 best practice principles were identified and form a document that provides guidance for those developing and delivering DFV perpetrator interventions in refugee communities (see Appendix K). The best practice principles address a range of issues including the importance of services developing and delivering perpetrator interventions while engaging positively and partnering with communities in their development and delivery. The best practice principles also provide guidance around building capacity in refugee communities to support efforts of refugee specific and/or mainstream agencies to address the perpetration of DFV; raising awareness among those from a refugee background of the conceptualisation of DFV in an Australian context and Australian responses to it; and addressing any violence-condoning attitudes in refugee communities. Engaging perpetrators from a refugee background in interventions can be challenging due to a range of reasons, including lack of knowledge of DFV in an Australian context and complex personal issues that stem in part from experiences of torture and trauma pre-settlement. The best practice principles provide guidance about the importance of recognising and responding to these issues as part of any perpetrator intervention. Ultimately, those developing and delivering DFV perpetrator interventions are part of a broader response to DFV and, as such, should be integrated with other service providers who are likewise part of this broader response.

Strengths and limitations of the study

A particular strength of the study was its rigorous methodology. Mixed methods research enables the weaknesses of qualitative and quantitative approaches to be offset and the strengths of each drawn upon. Mixed methods research also results in a more comprehensive account than can be achieved through qualitative or quantitative research alone. A sequential exploratory mixed methods design was appropriate for the research as it is often used when there is limited information available to inform the development of a quantitative instrument (Creswell & Plano Clark, 2007)—in this case, a Delphi questionnaire.

A further strength of the study was its participatory approach (Kemmis & McTaggart, 2005). Bicultural, bilingual research assistants determined how participants could be recruited and how the interviews could be undertaken in the most culturally appropriate manner. They were also able to choose their level of input into interpretation of data.

Being able to undertake the interviews in the first language of the participant meant that those with limited English language fluency were able to participate. The inclusion of refugees from countries with diverse geographical, religious and ethnic backgrounds in Phase 2 added richness to the data and comprised sufficient diversity for findings to be transferred to a larger number of refugee communities. Including the voices of service providers in the focus groups added a different but complementary perspective on the issue. Including members from across Australia on the Delphi panel ensured that the results were not Western Australia-centric.

The study also had limitations. It was limited by the time frame: it takes time for trust to be developed in refugee communities such that members of the respective communities feel comfortable speaking about a sensitive topic in an interview situation. The keywords used for the integrative review did not include the term "batterer" in addition to "perpetrator". This may have had implications for relevant literature from the United States, the United Kingdom and other countries where this term is in the vernacular. That said, within our search parameters, later searches using these terms did not elicit relevant documents that would have been eligible for inclusion.

There is diversity across Australian jurisdictions both in terms of engagement with refugee communities and the development and implementation of perpetrator interventions. As such, undertaking the qualitative component of the research in Western Australia may have resulted in differences in perspective between these data and the Delphi data derived from participants nationally. Although the five countries included in Phase 2 of the study demonstrated maximum variation in terms of ethnicity, religion, race and geography, and selection was based on size of the population who arrived in Australia in the decade 2005–2015, a 3-year or longer timeframe for the study could have permitted extra refugee

communities to be involved in Phase 2 of the study. Although membership of the Delphi panel was diverse, individuals who may have the knowledge and experience to make a valuable contribution but were not identified through searches of service provider websites and through professional bodies and networks were not included.

Focus group participants were drawn from a range of sectors and the small number in each group enabled deep discussion. This is potentially a strength of the research, as the interaction that occurs between participants in the group is a defining feature of focus groups (Morgan, 2004), though it is also a potential limitation. A larger number of participants could have provided a broader range of views. Having larger numbers may also have enabled the groups to be segmented according to their role in responding to DFV in refugee communities, which may have generated more nuanced data.

Implications for policy and practice

There are a number of policy and practice implications that implementing the best practice principles would raise. For the purposes of clarity, they are presented as "implications for policy" and "implications for practice".

Implications for policy

The best practice principles are the first that have been established to specifically guide the development or revision of DFV interventions for perpetrators from a refugee background. Their creation has implications for how to promote and disseminate an evidence base of effective interventions, including, potentially, through a central repository. There are also financial implications because effective interventions could be adopted or adapted in other locations and/or scaled up.

This set of best practice principles to guide the development and delivery of future DFV interventions, or revision of current interventions, for perpetrators from a refugee background has the potential to be seen as a companion document to the NOSPI (DSS, 2015b) and the relevant state-based minimum standards guidelines (Department for Child Protection and Family Support, 2015; Department of Communities, 2018;

Department of Justice, 2017; Family Safety Victoria, 2017). Consideration of how the documents could be linked would be required to encourage broad utilisation.

Implications for practice

There are a number of implications for practice that result from utilising the best practice principles.

Adequate funding of DFV perpetrator interventions and services is important. Adherence to the current best practice principles (which could be included as a criterion in funding applications) will mean that service providers may need to think differently, or at least more broadly, about how interventions may look and how they connect to a broader service delivery landscape that includes agencies not previously considered as central to service delivery—for example, specialist services working with individuals from a refugee background who have experienced torture and trauma, and settlement services. Additionally, service providers may need to develop enduring relationships and partnerships with refugee communities which take time and resources to thoroughly do. The delivery of cross-cultural training in all services, not just those services dealing solely or predominantly with CALD or refugee communities, also needs to be considered. Utilising the best practice principles also has implications for the allocation of resources in agencies so that funds are available to be directed to these areas. More broadly, it has implications for the degree of flexibility in the specifications funding bodies include to guide funding applications and the funding timeframe they specify, as engaging deeply with communities becomes an integral part of any perpetrator intervention and, therefore, a genuine line item on funding applications.

The need for services to be integrated in order to provide a holistic and seamless response to DFV has been recognised within the DFV sector for a number of years. Integration, however, has not been without its challenges. A number of the best practice principles guide those developing or revising perpetrator interventions to recognise the wide range of services that could or should be integrated to ensure a comprehensive response. Consideration would need to be given to how this could occur, for example how closer

ties could be developed to settlement and other services supporting refugee groups and individuals that have not previously been considered part of the formal response to DFV. The development of these ties provides the opportunity to share expertise, knowledge and skills across a diverse range of agencies. Agencies would need to consider how this could appropriately occur in practice. The development of closer ties also has implications for how programs could be delivered. Consideration would need to be given as to whether (and/or how) responsibility for components of the intervention, or the specialist input needed in its development, could be delivered or developed by those agencies with specific expertise.

A wide range of DFV services rest on the assumption that violent relationships will cease (either temporarily or permanently). The most highly ranked best practice principle, however, guides those developing or revising interventions for perpetrators from a refugee background to respect diverse family structures and, only where it is desirable and safe, maintain or reunify the family unit. A link between this principle and the overarching principle of the priority given to the safety of women and children is apparent. There is also a link to the overarching principle of men taking responsibility for their violence: this is likely a necessary condition for the safety of women and children and, therefore, would help to inform decisions around reunification of the family. For the principle related to family structures to be broadly utilised, the void in appropriate, relevant and evidence-based services for families and family members who want to preserve the family unit will need to be filled. A set of "alternatives to separation" service delivery models and programs, along with information regarding how they could be developed and evaluated, will be required.

Consideration within agencies will also be required to determine how tensions between principles will be handled and operationalised. This does not extend to any tensions between principles and overarching principles, however, because where this tension exists, the overarching principle must be prioritised.

Developing or revising interventions informed by the best practice principles will require professional development of staff. Although they form, potentially, a companion document

to the NOSPI (DSS, 2015b) and the respective state-based minimum standards (Department for Child Protection and Family Support, 2015; Department of Communities, 2018; Department of Justice, 2017; Family Safety Victoria, 2017), because they are developed to specifically inform interventions for perpetrators from a refugee background, they are more focused. As such, education about the principles (both about their intent and how to use them) will be required at agency level but may or may not be able to be incorporated into current training available within services. Discussions may need to be held to determine whether the training could be considered part of continuing professional development for those with a professional qualification.

Development or revision of interventions informed by the best practice principles requires the staff who are engaged in this process to have a working knowledge of a range of factors that impact the perpetration of DFV in refugee communities, since the best practice principles provide guidance that should be recognised and responded to in interventions. As such, those who are revising, developing or delivering interventions would need to understand the range of structural disadvantages that refugee communities and perpetrators of DFV in those communities face, individual risk factors that impact on DFV perpetration in refugee communities, trauma-informed approaches, family structures and the complexities of refugee community life. They would also need to have skills in engaging with refugee communities and partnering with communities in interventions.

A number of best practice principles link to service providers engaging communities and community members in DFV perpetrator interventions. Apart from developing these links, service providers must also be prepared to define the relationship between them and the community as an equal partnership. Genuine engagement (through a range of mechanisms, including co-design) with communities takes time and resources. This extended time, however, contradicts funding cycles which are typically more short-term. Consideration will need to be given to the impact on relationships if time is invested by the community and funding ceases prior to desired outcomes being met. Service providers would need to develop strategies to mitigate against this.

The structure of existing perpetrator interventions may need to be examined in light of the best practice principles and the structure of new interventions given considerable thought, since perpetrator interventions which are informed by the best practice principles may require greater flexibility in their delivery as the myriad issues that perpetrators present with are responded to. The content may also need to be tailored to the level of understanding of DFV and responses to it in refugee communities. The broader agenda for empowerment of women advanced in the best practice principles may also result in the need for a more flexible intervention or a change in current interventions. It may too, however, drive innovation and the development of novel interventions. To this latter point, consideration could be given to how the best practice principles could be used as evidence of both best practice and innovation when applying for funding. As with state-based minimum standards (Department for Child Protection and Family Support, 2015; Department of Communities, 2018; Department of Justice, 2017; Family Safety Victoria, 2017), ongoing and regular evaluation of interventions is advanced in the best practice principles. Those undertaking the evaluation may need to consider a range of evaluation methods in order to more fruitfully and fully engage communities in this endeavour.

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Appendix A:
Bicultural, bilingual research assistant training outline

Outline

Day 1 (10 May, 2017)

9.30am   Welcome, introduction, and purpose of training

10.00am   Background to the project, project outline, and employment details

10.30am   Morning tea

10.50am   Overview of DFV

- What is DFV?
- Prevalence of DFV
- Health implications of DFV
- Legal implications of DFV (Australia)
- Economic costs of domestic DFV?
- Responses and supports

11.50am   Ethical issues in qualitative research

12.30pm   Lunch

1.00pm   Characteristics and assumptions of qualitative research

1.30pm   In-depth interviews

2.30pm   End of day 1 training

Day 2 (11 May, 2017)

9.30am   Welcome and reflection on day 1

10.00am   Undertaking interviews

10.30am   Morning tea

10.50am   Undertaking interviews–continued

12.30pm   Lunch

1.00pm   Boundaries, interviewing sensitive issues and self-care

1.30pm   Working with our interview guide

2.15pm   Final questions and discussion

2.30pm   End of day 2

Appendix B:
Participant information form—
In-depth interviews

Best Practice Principles for Interventions with Domestic and Family Violence Perpetrators from Refugee Backgrounds

Chief Investigators Prof Colleen Fisher, A/Prof Lisa Wood, Dr Karen Martin, Ms April Pearman

Invitation:

You are invited to participate in a research project titled 'Best Practice Principles for Interventions with Domestic and Family Violence Perpetrators from Refugee Backgrounds'. You are being asked to take part in this project as you are a member of one of the participating communities and you have knowledge of domestic violence and family violence and its impact. You also have insight into how responding to those in your community who use violence can be undertaken in a culturally appropriate manner.

Aim of the Study

The aim of this project is to identify best practice principles to inform and underpin culturally appropriate, trauma informed domestic and family violence interventions for individuals from refugee backgrounds who use violence.

What does participation involve?

You are being invited to participate in a one-off interview. The interview should take approximately 1 hour, and will be conducted either in English or in your community language at a place, date and time that is convenient and safe for you. The points of discussion in the interview will relate to how responses to those who use violence in the family can most appropriately be delivered and how interventions would work best in your community. You will also be asked about what parts of interventions delivered in the wider Australian community, if any, may also be appropriate for your community. With your permission the conversation will be audio-taped. It will also be translated if not undertaken in English and all interviews will be transcribed. In the transcription your name and any other identifying information, for example, places and organisations, will be changed to protect your confidentiality.

Voluntary Participation and Withdrawal from the Study

You are free to decide whether you will participate in this study or not. If at any time you wish not to answer a question, to request the audio recording cease, or to withdraw from the study, you are free to do so without explanation. If you decide to withdraw from the research prior to the analysis of data commencing, any information you had provided will not be used. As the information that you provide will be combined with information provided by others during analysis, it is not possible to identify your contribution and hence, withdrawal once analysis of the information has commenced will not be possible. There will be no consequences or effect on any support you currently receive or will receive in future if you choose to either not participate in, or withdraw from the research.

Your privacy

Your participation in this study and your responses will be confidential and no identifying information will be released to any sources except where required by law. The information gathered from you during the interview will be analysed collectively with the information from all other respondents and the findings will be reported as a whole. Data will only be available to the researchers and the respective research assistant and will be stored on a password with a protected drive. Hard copy consent forms will be stored in a locked cabinet. Your name will not be used in any report or publication from this research.

Possible Benefits

Although information you provide may not have direct benefit for you as an individual, it may have the benefit of providing information from which interventions with those who use violence in their family may be provided in a more appropriate and effective manner in the future.

Possible Risks and Risk Management Plan

Because of the nature of the topic and questions, you may experience some parts of the interview as unpleasant or even stressful. If this occurs, there will be the opportunity for you to be referred to ASeTTS for support free of any charge.

Reimbursement

As recognition of your time and expenses in participating in the study, you will receive a gift voucher valued at $30-00.

Contacts

If you would like to participate or discuss any aspect of this study please feel free to contact Prof Colleen Fisher on Ph: +61 8 6488 2193 or mobile: +61 417 177 301.

Sincerely,
Prof Colleen Fisher

Appendix C:
Participant consent form—In-depth interviews and focus groups

Participant Consent Form

Best Practice Principles for Interventions with Domestic and Family Violence Perpetrators from Refugee Backgrounds

I, _____ have read the information provided and any questions I have asked have been answered to my satisfaction. I agree to participate in this research project realizing that I can withdraw at any time up until the commencement of data analysis without reason or without prejudice. After the commencement of data analysis I realize that the information I provide will not be able to be distinguished from information provided by others making withdrawal not possible.

I understand that all identifiable information that I provide is treated as confidential and will not be released by the investigator in any form that may identify me unless I have consented to this. The only exception to this principle of confidentiality is if this information is required by law to be released.

I agree to have my conversation audiotaped. Yes ☐ No ☐

_____   _____
Participant signature   Date

Approval to conduct this research has been provided by the University of Western Australia, in accordance with its ethics review and approval procedures. Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time.

In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Ethics Office at the University of Western Australia on (08) 6488 3703 or by emailing to humanethics@uwa.edu.au

All research participants are entitled to retain a copy of any Participant Information Form and/or Participant Consent Form relating to this research project.

Appendix D:
In-depth interview guide

INTERVIEW GUIDE FOR COMMUNITY MEMBERS

Research aim:

To identify best practice principles to inform and underpin culturally appropriate, trauma-informed domestic and family violence interventions for men from refugee backgrounds who use violence in their families, with a specific look, in this phase of the research, drawing on the perspectives of people from Afghanistan, Burma, Iran, Iraq and Sudan.

Section 1: Demographic information

1. What is your age bracket? 18-24; 25-34; 35-44; 45-54; 55+
2. In which country were you born?
3. How would you describe your cultural background?
4. Are you currently:
    a. Student (full time or part time)
    b. Employed (full time or part time)
    c. What is your job?_____
    d. Looking for work
    e. Caring responsibilities and not in paid work (parenting, caring for family member)
    f. Other (please specify)_____

Section 2: Understanding of domestic and family violence post resettlement in Australia

In Australia, the term domestic and family violence is used to refer to an ongoing pattern of behaviour aimed at controlling a partner and/or family member through fear (e.g. by using violent and threatening behaviours). This violence can take the form of physical, sexual, emotional or psychological, cultural/spiritual, financial/economic, verbal, social, stalking and using technology to harass and intimidate or track a person, unlawful surveillance and other behaviours with the intent of causing harm.

1. What is your understanding of domestic and family violence?
    Prompts:
    How is it similar or different to the mainstream Australian understanding just described?
    How has your understanding changed, (if at all) since arriving in Australia?
2. What type of discussions occur about domestic and family violence in your community in Australia? Do these discussions occur openly and comfortably?
    a.   If no discussions occur, and/or they are not open and comfortable, why?
    Probe for details of issues that may impact on the appropriateness and effectiveness of interventions for men who use violence.

3. Are you aware of some strong community beliefs and/or myths about domestic and family violence? If so, what are they?
    Probe for details of beliefs that may impact on the effectiveness of interventions for men who use violence.

4. Research indicates that in Australia, the vast majority of those who use violence in their family are male and the vast majority of victims are women and children. How is this the same or different in your community?
    Prompt: You can speak about both your experiences and/or knowledge within the community before arriving in Australia and after arrival.

Section 3: Approaches for supporting perpetrators of domestic and family violence

I would like you now to think specifically about men who use violence in their family. As you're aware, in this project we are wanting to identify what would be the most effective and appropriate ways that programs to support refugee men who use violence to change their behaviour can be developed and delivered.

1. Before arriving to Australia, what programs (if any) in your country (both formal and informal) are you aware of for men who used violence? Can you please describe them?

   Probe for details about how they are developed, delivered and content and aspects of the programs that engage men.

2. What services in Australia are you aware of that help perpetrators/men who use violence to end their violence?

   Prompts: Behaviour change programs both voluntary and/or court mandated programs; Community-based education programs.

3. Do men from your community who use violence seek help to change? Why or why not? (This could be both formal and informal help).

   a.   If yes, what do you think it is about the program that encourages them to attend?

   b.   If no, what could encourage them to seek support?

4. Do you believe there is a need for specialised perpetrator intervention programs for men from refugee backgrounds in Australia? Why or why not?

5. If you were to design a program to support men in your community to end their use of violence in their family, what would it look like?

   Ensure the following components are covered:

   Group or individual program?

   How should it be developed? (E.g. in consultation with men from refugee backgrounds? And if so how would this occur?)

   Do women need to be involved in the development of such an intervention and if so how?

   Timeframe for delivery? (How often over what timeframe)

   How should it be delivered?

   Who should deliver it?

   What content should it include? What content should it not include?

6. How can we ensure such a program is shaped by the needs and interests of your particular community?

7. Do you believe men from your community who use violence would attend such a program? Why or why not?

8. There are perpetrator intervention programs through the Australian human services and court system available for men. (Explain the interventions) Do you believe, if you are aware, that these programs are useful for men from refugee backgrounds? Why or why not? In what ways, if any, could they potentially be useful for men from refugee backgrounds?

9. Are there any other considerations that you believe need to be made for adopting interventions for men from refugee backgrounds?

Section 4: Closing comments

1. Is there anything that you would like to add, that we haven't covered?

Thank you for contributing to this important research – your contribution is very much appreciated.

Appendix E:
Participant information form—
Focus groups

Participant Information Form

Best Practice Principles for Interventions with Domestic and Family Violence Perpetrators from Refugee Backgrounds

Chief Investigators Prof Colleen Fisher, A/Prof Lisa Wood, Dr Karen Martin, Ms April Pearman

Invitation

You are invited to participate in a research project titled 'Best Practice Principles for Interventions with Domestic and Family Violence Perpetrators from Refugee Backgrounds'. You are being invited to take part in this project as you are a professional who has knowledge of domestic and family violence and its impact in refugee communities, and/or whose work is supporting members of the participating communities in relation to domestic and family violence. As such, you will have insight into how responding to those in refugee communities who use violence can be undertaken in a culturally appropriate manner.

Aim of the Study

The aim of this project is to identify best practice principles to inform and underpin culturally appropriate, trauma informed domestic and family violence interventions for perpetrators from refugee backgrounds.

What does participation involve?

You are being invited to participate in a focus group. The focus group should take approximately 1 hour, and will be conducted at a place, date and time that is convenient for all participants. The points of discussion in the focus group will relate to how, as a result of your professional engagement with refugee communities, you consider domestic and family violence interventions with those who perpetrate this kind of violence can most appropriately be delivered and how they would work best in refugee communities. You will also be asked about what components of interventions delivered in the wider Australian community, if any, may also be appropriate for perpetrators from a refugee background and refugee communities. The conversation will be audio-taped and later transcribed. In the transcription your name, agency and any other identifying information, for example, places and locations, will be changed to protect your confidentiality.

Voluntary Participation and Withdrawal from the Study

You are free to decide whether you will participate in this study or not. If at any time you wish not to answer a question or to withdraw from the study, you are free to do so without explanation. Withdrawal, however, will only be possible up until the time of the completion of the focus group as the information that is provided in your focus group will be combined with information provided by others during analysis. At this stage it is not possible to identify your contribution. There will be no consequences if you choose either to not participate or withdraw from the study.

Your privacy

Your participation in this study and your responses will be confidential and no identifying information will be released to any sources except where required by law. The information gathered during the focus group will be analysed collectively, combined with information from participants in other focus groups and the findings will be reported as a whole. Data will only be available to the researchers and the respective research assistant and will be stored on a password with a protected drive. Hard copy consent forms will be stored in a locked cabinet. Your name will not be used in any report or publication from this research.

Possible Benefits

Although information you provide may not have direct benefit for you as an individual, it may have the benefit of providing information from which interventions with perpetrators of domestic and family violence from a refugee background may be provided in a more appropriate and effective manner in the future.

Possible Risks and Risk Management Plan

There are no risks involved in this study. The questions will relate to how interventions with refugee perpetrators of domestic and family violence can be best delivered, but they may arouse emotional feelings associated with your previous and/or ongoing contact with the communities.

Contacts

If you would like to participate or discuss any aspect of this study please feel free to contact Prof Colleen Fisher on Ph: +61 8 6488 2193 or mobile: +61 417 177 301.

Sincerely,
Prof Colleen Fisher

Appendix F:
Focus group interview guide

Focus Group Guide

Research aim:

To identify best practice principles to inform and underpin culturally appropriate, trauma-informed domestic and family violence interventions for men from refugee backgrounds who use violence in their families, with a specific look, in this phase of the research, drawing on the perspectives of people from Afghanistan, Burma, Iran, Iraq and Sudan.

Section 1: Sectors represented

I'd like to start off by going around the group and have you state the sector in which you work.

Section 2: Understanding of domestic and family violence post resettlement in Australia

In Australia, the term domestic and family violence is used to refer to an ongoing pattern of behaviour aimed at controlling a partner and/or family member through fear (e.g. by using violent and threatening behaviours). This violence can take the form of physical, sexual, emotional or psychological, cultural/spiritual, financial/economic, verbal, social, stalking and using technology to harass and intimidate or track a person, unlawful surveillance and other behaviours with the intent of causing harm.

1. How similar or different to mainstream understanding are understandings of domestic and family violence in refugee communities?

   Probe for what differences might mean for development, appropriateness and effectiveness of perpetrator interventions.

2. From your understanding, what type of discussions occur about domestic and family violence in refugee communities in Australia? Do these discussions occur openly and comfortably?

   a.   If no discussions occur, and/or they are not open and comfortable, why do you think this is the case?

   Probe for details of issues that may impact on the appropriateness and effectiveness of interventions for perpetrators of domestic and family violence.

3. Are you aware of some strong community beliefs and/or myths about domestic and family violence in refugee communities? If so, what are they?

   Probe for details of beliefs that may impact on the effectiveness of interventions for men who use violence.

4. Research indicates that in Australia, the vast majority of those who use violence in their family are male and the vast majority of victims are women and children. From your experience how do refugee communities understand who violence and who are the victims? I.e. how is it the same or different from mainstream communities?

Section 3: Approaches for supporting perpetrators of domestic and family violence

I would like you now to specifically discuss men who use violence in their family. As you're aware, in this project we are wanting to identify what would be the most effective and appropriate ways that programs to support refugee men who use violence to change their behaviour can be developed and delivered

1. If you are aware of any programs available to refugee men before their arrival in Australia, can you please describe them?
   Probe for details about how they are developed, delivered and content and aspects of the programs that engage men.

2. What services in Australia (if any) are you aware of that specifically help refugee men who use violence to change this behaviour? Do you believe there is a need for specialised perpetrator intervention programs for men from refugee backgrounds in Australia? Why or why not?

3. Do men from refugee communities who use violence seek help to change their behaviour? Why or why not? (This could be both formal and informal help).
   a. If yes, what do you think it is about the program that encourages them to attend?
   b. If no, what could encourage them to seek support?

4. If you were to design a program to support men from refugee backgrounds to end their use of violence in their family, what would it look like?
   Ensure the following components are covered:

   Group or individual program?

   How should it be developed? (E.g. in consultation with men from refugee backgrounds? And if so how would this occur?)

   Do women need to be involved in the development of such an intervention and if so how?

   Timeframe for delivery? (How often over what timeframe)

   How should it be delivered?

   Who should deliver it?

   What content should it include? What content should it not include?

5. Are there men from specific communities who use violence would not attend such a program? Why or why not?

6. How can we ensure such a program is shaped by the needs and interests of your particular community?

7. I'd like you to think about perpetrator intervention programs through the Australian human services and court system available for men. (Explain the interventions if needed) Do you believe that these programs are useful for men from refugee backgrounds? Why or why not? In what ways, if any, could they potentially be useful for men from refugee backgrounds?

8. Are there any other considerations that you believe need to be made for adopting interventions for men from refugee backgrounds?

Section 4: Closing comments

1. Is there anything that you would like to add, that we haven't covered?

Thank you for contributing to this important research – your contribution is very much appreciated.

Appendix G:
Participant information form—Delphi

Participant Information Form

Best Practice Principles for Interventions with Domestic and Family Violence Perpetrators from Refugee Backgrounds

Chief Investigators Prof Colleen Fisher, A/Prof Lisa Wood, Dr Karen Martin, Ms April Pearman,

Invitation

You are invited to participate in a research project titled 'Best Practice Principles for Interventions with Domestic and Family Violence Perpetrators from Refugee Backgrounds'. You are being invited to take part in this project as you have expert knowledge of domestic and family violence and its impact in refugee communities, and/or support refugee communities in relation to domestic and family violence. As such, you will have insight into what principles would underpin 'best practice' in responding to those in refugee communities who perpetrate domestic and family violence.

Aim of the Study

The aim of this study is to identify best practice principles to inform and underpin culturally appropriate, trauma informed domestic and family violence interventions for perpetrators from refugee backgrounds.

What does participation involve?

You are being invited to participate in a two round Delphi process. A Delphi process consists of an electronic questionnaire, and the aim of the process is to arrive at a consensus of opinion – for this project, the best practice principles that would underpin culturally appropriate and effective interventions for perpetrators of domestic and family violence. The questionnaire will be emailed to you to your preferred email address. Upon completion and return, your questionnaire will be separated from your email and stored securely. Your email will be deleted.

The first round questionnaire involves you rating and ranking a series of principles that potentially could underpin domestic and family violence perpetrator interventions in refugee communities, and provide your rationale for the rating and ranking. In the second round questionnaire, the analysed information from all participants' first questionnaire will be provided to you, and once again you will be asked to rate and rank the potential intervention principles and provide a rationale. Your rating and ranking may or may not change in light of the information provided.

Voluntary Participation and Withdrawal from the Study

You are free to decide whether you will participate in this study or not. If at any time you wish not to answer a question or to withdraw from the study, you are free to do so without explanation. If you decide to withdraw from the study prior to the commencement of data analysis for each round of the Delphi questionnaire, any information you had provided will not be used. As the information that you provide will be combined with information provided by others during analysis, it is not possible to identify your contribution and so withdrawal of your information after that time in each round would not be possible.

Your privacy

Your participation in this study and your responses will be confidential and no identifying information will be released to any sources except where required by law. The information gathered from you will be analysed collectively with the information from all other respondents and the findings will be reported as a whole. Data and consent forms will only be available to the researchers and will be stored on a password protected drive. Your name will not be used in any report or publication from this research.

Possible Benefits

Although information you provide may not have direct benefit for you as an individual, it may have the benefit of providing information from which interventions with perpetrators of domestic and family violence from a refugee background may be provided in a more appropriate and effective manner in the future.

Possible Risks and Risk Management Plan

There are no risks involved in this study. You will be asked to consider the salience, or otherwise, of a range of potential 'best practice principles' that could inform and underpin interventions with refugee perpetrators of domestic and family violence. This may, however, arouse emotional feelings associated with your previous and/or ongoing contact with the communities.

Contacts

If you would like to participate or discuss any aspect of this study please feel free to contact Prof Colleen Fisher on Ph: +61 8 6488 2193 or mobile: +61 417 177 301.

Sincerely,
Prof Colleen Fisher

Appendix H:
Participant consent form—Delphi

Participant Consent Form

Best Practice Principles for Interventions with Domestic and Family Violence Perpetrators from Refugee Backgrounds

I, _____ have read the information provided and any questions I have asked have been answered to my satisfaction. I agree to participate in this research project but withdrawal is not possible once data for the respective round of the Delphi questionnaire are submitted.

I understand that all identifiable information that I provide is treated as confidential and will not be released by the investigator in any form that may identify me unless I have consented to this. The only exception to this principle of confidentiality is if this information is required by law to be released.

_____   _____

Participant signature   Date

Approval to conduct this research has been provided by the University of Western Australia, in accordance with its ethics review and approval procedures. Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time.

In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Ethics Office at the University of Western Australia on (08) 6488 3703 or by emailing to humanethics@uwa.edu.au

All research participants are entitled to retain a copy of any Participant Information Form and/or Participant Consent Form relating to this research project.

Appendix I:
Delphi questionnaire—Round 1

Round 1- Best practice principles with domestic and family violence perpetrators from refugee backgrounds study

As explained in the participant information sheet, the aim of this questionnaire is to arrive at consensus on what best practice principles should underpin family and domestic violence interventions with men who come from refugee backgrounds and use violence.

A set of draft principles has been identified based on preliminary research from a literature review and 40 interviews held with men and women (20 women and 20 men) from refugee backgrounds.

The attached survey contains a list of principles (12 in total) and sub- principles. **Firstly,** in Part 1 you are asked to rate each of these principles and sub-principles as either 1 (very unimportant), 2 (unimportant), 3 (important) or 4 (very important). For each principle you are **also** asked to provide comments to support your ratings in the comments box provided. No comments are required for the sub-principles. Questions to help you consider your ratings and comments include:

- Is this principle/sub-principle important?
- Is it a priority?
- Would it work in my community?

Secondly, in Part 2 of the questionnaire, you are asked to rank all of the 12 principles (only), where 1 is the most important and 12 is the least important and provide comments on why you ranked as you did.

At the end of the questionnaire a "Glossary of terms" describes a range of terms used in the area of family and domestic violence.

The results of this first round will be incorporated into a revised document for Round 2 which will indicate which principles/sub-principles were most supported in Round 1 and a summary of the reasons why. When you participate in Round 2 you will have the opportunity to digest the Round 1 results and, in light of these, have the opportunity to change (or not) your ratings/ranking from Round 1.

Based on the results of this two-round Delphi technique, "best practice" guidelines will be developed and disseminated.

OVERARCHING PRINCIPLES

The following three principles are considered vital to all family and domestic violence interventions for refugee perpetrators. They are included for information but not for rating and ranking:

- The safety of women and children is given highest priority in all aspects of DFV responses, including perpetrator interventions.
- Perpetrator interventions hold perpetrators responsible for their behaviour.
- All DFV interventions with individuals, families and communities from refugee backgrounds are trauma-informed.

Part 1- Rating of principles and sub-principles

Please rate the following principles and sub-principles and provide supporting comments for your ratings under each in the comments box provided.

PRINCIPLE 1: PERPETRATOR INTERVENTIONS WORK TO EMPOWER WOMEN

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

COMMENTS:

Subprinciples:

1a. Promotion of the rights of women is integral to perpetrator interventions.

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

COMMENTS:

1b. Perpetrator interventions address patriarchal beliefs about the roles of men and women.

RATIONALE / EXAMPLE

Interventions recognise that strict and rigid beliefs based on the role of men and women may adversely disadvantage women and act as a hindrance to the overall health and wellbeing of women.

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

COMMENTS:

PRINCIPLE 2: PERPETRATOR INTERVENTIONS RECOGNISE INTERSECTIONALITY

Intersectionality is a term used to describe the multiple levels of disadvantage and discrimination that may be experienced by individuals and groups due to belonging to multiple social categories such as race, gender, sexual orientation, socio-economic status, disability among others.

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

COMMENTS:
COMMENTS:

Subprinciples:

2a. Perpetrator interventions are underpinned by an understanding of intersectionality in the context of refugee experiences of family and domestic violence.

COMMENTS:

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

RATIONALE/EXAMPLE
Perpetrator interventions take into account the fact that multiple factors and challenges often overlap which have an impact on the overall wellbeing of families that have resettled. Factors may include, but are not limited to, culture shock, changes in gender and relationship dynamics, unemployment and underemployment, physical and mental health concerns (including trauma), misplaced sense of belonging, social isolation, racism and discrimination among others.

2b. Perpetrator interventions take account of post-settlement experiences impacting on settlement and

COMMENTS:

family functioning.

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

2c. Perpetrator interventions recognise gender inequality.

RATIONALE/EXAMPLE

Interventions recognise that gender inequality is a global phenomenon that transcends across all ethnicities, cultures, societies, religions, socio-economic statuses and other groups. The strong association between gender inequality and violence against women is also recognised in all interventions.

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

COMMENTS:

PRINCIPLE 3: PERPETRATOR INTERVENTIONS RECOGNISE AND RESPOND TO COMMUNITY COMPLEXITY

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

COMMENTS:

3a. Perpetrator interventions take account of the complex ways in which family and domestic violence can manifest in refugee communities (e.g. broader range of potential perpetrators of violence and behaviours such as forced marriage and threats of deportation).

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

COMMENTS:

3b. Perpetrator interventions ensure risk assessment accounts for complex ways in which family and domestic violence can manifest in refugee communities.

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

COMMENTS:

3c. Perpetrator interventions recognise the linguistic and religious diversity within refugee communities and how this shapes the program content, delivery and contexts.

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

COMMENTS:

PRINCIPLE 4: PERPETRATOR INTERVENTIONS POSITION, ACKNOWLEDGE AND RECOGNISE THE ROLE OF COMMUNITIES AS SERVICE PROVIDERS

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

COMMENTS:

4a. Perpetrator interventions engage communities as service providers.

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

COMMENTS:

4b. Community engagement and input is integral in development and delivery of perpetrator interventions.

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

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COMMENTS:



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4c. Men's behaviour change programs are delivered in conjunction with community family and domestic violence education and awareness.

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

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COMMENTS:



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4d. Community engagement and input is integral in development and delivery of perpetrator interventions.

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

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COMMENTS:



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4e. Perpetrator interventions adopt a strengths-based approach in partnering with communities.

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

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COMMENTS:



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4f. Perpetrator interventions leverage existing supportive community structures (e.g., community leaders, religious leaders).

1(very unimportant)_____ 2(unimportant)_____ 3(important) _____ 4(very important)_____

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COMMENTS:



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4g. community-based interventions are developed and delivered by both men and women.

1(very unimportant)_____ 2(unimportant)_____ 3(important) _____ 4(very important)_____

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COMMENTS:



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4h. Perpetrator interventions work with positive community values to engage men.

1(very unimportant)_____ 2(unimportant)_____ 3(important) _____ 4(very important)_____

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COMMENTS:



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PRINCIPLE 5: PERPETRATOR INTERVENTIONS BUILD COMMUNITY CAPACITY

1(very unimportant)_____ 2(unimportant)_____ 3(important) _____ 4(very important)_____

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COMMENTS:



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5a. Agencies delivering perpetrator interventions partner with communities to build capacity to respond appropriately to family and domestic violence within the community.

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

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COMMENTS:



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5b. Perpetrator interventions represent an avenue through which discussion of family and domestic violence is facilitated.

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

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COMMENTS:



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5c. Perpetrator interventions recognise that family and domestic violence occurs in all cultures. Interventions should respect cultural differences as long as such differences to not violate safety and rights of community members or Australian law.

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

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COMMENTS:



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PRINCIPLE 6: PERPETRATOR INTERVENTIONS RESPECT DIVERSE FAMILY STRUCTURES, VALUES AND STRENGTHS

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

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COMMENTS:



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6a. Perpetrator interventions work to maintain or reunify the family unit when desirable and safe.

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

COMMENTS:

6b. Perpetrator interventions incorporate strategies to support the family unit where possible and safe. Support provided is based on addressing needs of the family that are associated with the perpetration of violence.

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

COMMENTS:

PRINCIPLE 7: PERPETRATOR INTERVENTIONS RECOGNISE ISSUES THAT CAN IMPACT ON LEVELS OF ENGAGEMENT

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

COMMENTS:

7a. Perpetrator interventions consider potential impact of stigma and shame as a barrier to participation.

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

COMMENTS:

7b. Perpetrator interventions take into account other barriers to engagement such as time, resources and other individual needs.

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

COMMENTS:

PRINCIPLE 8: PERPETRATOR INTERVENTIONS RECOGNISE AND RESPOND TO COMPLEX INDIVIDUAL NEEDS

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

COMMENTS:

8a. Perpetrator interventions recognise the multiple factors at an individual level impacting on family and domestic violence behaviours.

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

COMMENTS:

8b. Perpetrator interventions are based on a case-management approach.

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

COMMENTS:

8c. Perpetrator interventions take account of level of English language competency and education levels of participants.

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

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COMMENTS:
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8d. Perpetrator interventions are flexible to address a range of family and domestic violence associated issues and provide support beyond program completion.

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

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COMMENTS:
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PRINCIPLE 9: PERPETRATOR INTERVENTIONS EXPLICITLY ADDRESS PRE-SETTLEMENT EXPERIENCES

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

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COMMENTS:
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9a. Perpetrator interventions take account of, and address, experiences prior to settlement.

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

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COMMENTS:
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9b. Perpetrator interventions provide opportunity for men to reflect on pre-settlement violence (family and domestic violence and public violence).

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

COMMENTS:

PRINCIPLE 10: PERPETRATOR INTERVENTIONS ACCOUNT FOR DIVERSITY IN UNDERSTANDING OF FAMILY AND DOMESTIC VIOLENCE AND AUSTRALIAN RESPONSES

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

COMMENTS:

10a. Perpetrator interventions account for levels of acculturation of communities and individuals and how this reflects their understanding of what constitutes family and domestic violence. Interventions also account for individual levels of understanding, knowledge and assumptions.

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

COMMENTS:

10b. Perpetrator interventions account for levels of refugee understanding of Australian laws and agencies involved in formal responses.

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

COMMENTS:

10c. Perpetrator interventions recognise levels of acculturation of communities and individuals and work to dispel any myths prevalent in communities.

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

COMMENTS:

PRINCIPLE 11: PERPETRATOR INTERVENTIONS EMBED TENETS OF THE AUSTRALIAN LEGAL FRAMEWORK

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

COMMENTS:

11a. Perpetrator interventions adhere to Australia's legal framework and increase understanding of Australian law (criminal and civil) and legislation.

1(very unimportant)____ 2(unimportant)____ 3(important) ____ 4(very important)____

COMMENTS:

11b. Perpetrator interventions work to increase participant understanding of laws and legislation related to family and domestic violence and their ramifications.

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

COMMENTS:

PRINCIPLE 12: AGENCIES DELIVERING PERPETRATOR INTERVENTIONS ARE INTEGRATED IN THE BROADER RESPONSE TO FAMILY AND DOMESTIC VIOLENCE

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

COMMENTS:

12a. Perpetrator interventions are evaluated to ensure they are effective.

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

COMMENTS:

12b. Agencies delivering perpetrator interventions are closely integrated and work in collaboration with services from other sectors (e.g. alcohol and other drug, and mental health) as required by the needs of the client.

1(very unimportant)___ 2(unimportant)___ 3(important) ___ 4(very important)___

COMMENTS:

Part 2- Ranking of principles

Please rank the 12 principles and provide supporting comments for your rankings for each in the comments box provided. Number 1 is the principle that you consider the most important, 12 is the principle that you consider least important.

Principle	Ranking (1-12)	Comments
Perpetrator interventions work to empower women		
Perpetrator interventions recognise intersectionality		
Perpetrator interventions recognise and respond to community complexity		
Perpetrator interventions position, acknowledge and recognise the role of communities as service providers		
Perpetrator interventions build community capacity		
Perpetrator interventions respect diverse family structures, values and strengths		
Perpetrator interventions recognise issues that can impact on levels of engagement		
Perpetrator interventions recognise and respond to complex individual needs		
Perpetrator interventions explicitly address pre-settlement experiences		
Perpetrator interventions account for diversity in understanding of family and domestic violence and Australian responses		
Perpetrator interventions embed tenets of the Australian legal framework		
Agencies delivering perpetrator interventions are integrated in the broader response to family and domestic violence		

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS ROUND 1 DELPHI QUESTIONNAIRE – YOUR CONTRIBUTION IS GREATLY APPRECIATED.

Glossary of terms

Abuse: To mistreat or neglect a person, particularly as to one for whom the actor has special responsibility by virtue of a relationship, e.g., spouse, child, elderly parent, or one for whom the actor has undertaken a duty of care, e.g. nurse-patient.

Australian legal framework (criminal and civil law): Australian legal framework is used as an overarching term to refer to the rule of law (both criminal and civil law) that governs all people in Australia.

Case management approach: Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's holistic needs through communication and available resources to promote quality cost-effective outcomes.

Cultural safety: An environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening.

Emotional safety: An experience in which one feels safe to express emotions, security, and confidence to take risks and feel challenged and excited to try something new.

Family and domestic violence: Domestic and family violence is deliberate pattern of behaviour where a person uses coercion and control to intimate and cause fear to another and can take the form of physical, emotional, financial, verbal, spiritual and cultural abuse, psychological/rape/sexualised violence, animal abuse, stalking and harassment, using technology to abuse, isolation, post separation violence and spousal & family homicide.

Gender inequality: Gender inequality refers to when women and men do not enjoy the same rights and opportunities across all sectors of society, including economic participation and decision-making, and when the different behaviours, aspirations and needs of women and men are not equally valued and favoured.

Gender roles/norms: A gender role, also known as a sex role, is a social role encompassing a range of behaviours and attitudes that are generally considered acceptable, appropriate, or desirable for people based on their actual or perceived sex or sexuality.

Intersectionality: The interconnected nature of social categorisations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

NOSPI: The National Outcome Standards for Perpetrator interventions (NOSPI) are the national outcome standards that guide and measure the outcomes achieved by perpetrator interventions across Australia.

Patriarchy: A system of society or government in which men hold the power and women are largely excluded from it.

Perpetrator: The term perpetrator reinforces the serious nature of domestic, family and sexual violence. The term is intended to cover all men who commit one or more identified acts of domestic or family violence against women and their children, or sexual violence against women, whether or not they have ever been arrested, charged with a crime, or had an intervention order issued against them.

Perpetrator interventions/programs: This is the overarching name used to describe the range of programmes and services that are designed to enable perpetrators to take responsibility for their violence and work towards changing their violent attitudes and behaviours. Perpetrator programs include men's behaviour change programmes and clinical services for perpetrators of sexual violence and sexual assault.

Physical safety: Physical safety is the ability to feel free from any threats to our physical wellbeing.

Refugee: A refugee is a person who has fled his or her own country and cannot return due to fear of persecution, and has been given refugee status. Refugee status is given to applicants by the United Nations or by a third party country, such as Australia.

Response system: The term response system refers to the diverse responses that exist in domestic and family violence interventions in Australia (service delivery and legal responses.

Safety: Safety is the state of being safe from harm or danger.

Social safety: A socially safe environment is one that is free from abusive relationships of all kinds. People are not isolated but instead are connected to each other in a network of support.

Spiritual safety: Spiritual Safety may be described as the extent to which the individual feels secure to practice their faith and spirituality without fear.

Trauma: A deeply distressing or disturbing experience which can be considered traumatic and are wide ranging from what might be considered ordinary life experiences such as divorce, illness, accidents and bereavement to extreme experiences of war, torture, rape and genocide.

Trauma-informed: Trauma-informed practice is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for everyone, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

Violence: The use of force so as to injure, abuse, damage, or destroy.

Appendix J:
Delphi questionnaire—Round 2

Best Practice Principles with Domestic and Family Violence Perpetrators from Refugee Backgrounds

Thank you for your participation in the first round of the Delphi process. Welcome to the second and final round of the Delphi process. The results of the first round have been incorporated into a revised document for Round 2 which indicates which principles were most supported in Round 1 with an indication of the average ranking for each.

In Part 2 of the Delphi process, you are provided with the average from the previous ranking to digest the Round 1 results and, in light of these, have the opportunity to change (or not) your ratings/ranking from Round 1.

You have an opportunity rank all of the 12 principles, where 1 indicates the most important and 12 is the least important. You also have an opportunity to provide comments on why you ranked as you did on the comments box. Your ranking of each principle should give an indication of how important **each** principle is, please look at each principle separately rather than as competing.

At the end of the document a "Glossary of terms" describing a range of terms used in the area of family and domestic violence is included for your reference.

Based on the results of this two-round Delphi technique, "best practice" guidelines will be developed and disseminated.

Thank you once again for your valuable contribution to this important research!

OVERARCHING PRINCIPLES

The following 3 principles are considered vital to all family and domestic violence interventions for refugee perpetrators. *They are included for information purposes only not for rating or ranking:*

> 1a. The safety of women and children is given highest priority in all aspects of domestic and family violence responses, including perpetrator interventions.
> 1b. Perpetrator interventions hold perpetrators responsible for their behaviour.
> 1c. All interventions with individuals, families and communities from refugee backgrounds are trauma-informed.

Part 2– Ranking of principles

Please rank the 12 principles and provide any supporting comments you may have. Number **1** indicates you consider the principle **most important, 12** is the principle that you consider **least important.**

Best practice principle	Round 1 Average Ranking (1-12)	Round 2 Ranking (1-12)	Comments Please provide any comments on your reasons for ranking.
Perpetrator interventions respect diverse family structures, values and strengths	4.71		
Perpetrator interventions work to empower women	5.05		
Perpetrator interventions recognise issues that can impact on levels of engagement	5.95		
Perpetrator interventions account for diversity in understanding of family and domestic violence and Australian responses	6.30		
Perpetrator interventions recognise and respond to community complexity	6.52		
Perpetrator interventions recognise and respond to complex individual needs	6.80		
Agencies delivering perpetrator interventions are integrated in the broader response to family and domestic violence	6.90		
Perpetrator interventions build community capacity	6.95		
Perpetrator interventions explicitly address pre-settlement experiences	7.05		
Perpetrator interventions recognise intersectionality	7.14		
Perpetrator interventions embed tenets of the Australian legal framework	7.15		
Perpetrator interventions position, acknowledge and recognise the role of communities as service providers	7.57		

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS ROUND 2 DELPHI QUESTIONNAIRE – YOUR CONTRIBUTION IS GREATLY APPRECIATED.

Best practice principles for interventions with domestic and family violence perpetrators from refugee backgrounds

Glossary of terms

Abuse: To mistreat or neglect a person, particularly as to one for whom the actor has special responsibility by virtue of a relationship, e.g. spouse, child, elderly parent or one for whom the actor has undertaken a duty of care, e.g. nurse-patient.

Australian legal framework (criminal and civil law): Australian legal framework is used as an overarching term to refer to the rule of law (both criminal and civil law) that governs all people in Australia.

Case management approach: Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's holistic needs through communication and available resources to promote quality cost-effective outcomes.

Cultural safety: An environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening.

Emotional safety: An experience in which one feels safe to express emotions, security, and confidence to take risks and feel challenged and excited to try something new.

Family and domestic violence: Domestic and family violence is deliberate pattern of behaviour where a person uses coercion and control to intimate and cause fear to another and can take the form of physical, emotional, financial, verbal, spiritual and cultural abuse, psychological/rape/sexualised violence, animal abuse, stalking and harassment, using technology to abuse, isolation, post separation violence and spousal & family homicide.

Gender inequality: Gender inequality refers to when women and men do not enjoy the same rights and opportunities across all sectors of society, including economic participation and decision-making, and when the different behaviours, aspirations and needs of women and men are not equally valued and favoured. Gender inequality is a global phenomenon that transcends across all ethnicities, cultures, societies, religions, socio-economic statuses and other groups.

Gender roles/norms: A gender role, also known as a sex role, is a social role encompassing a range of behaviours and attitudes that are generally considered acceptable, appropriate, or desirable for people based on their actual or perceived sex or sexuality.

Intersectionality: The interconnected nature of social categorisations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. In the context of family and domestic violence perpetrator **interventions** for those from a refugee background, factors may include, but are not limited to, culture shock, changes in gender and relationship dynamics, unemployment and underemployment, physical and mental health concerns (including trauma), misplaced sense of belonging, social isolation, racism and discrimination among others.

NOSPI: The National Outcome Standards for Perpetrator interventions (NOSPI) are the national outcome standards that guide and measure the outcomes achieved by perpetrator interventions across Australia.

Patriarchy: A system of society or government in which men hold the power and women are largely excluded from it.

Perpetrator: The term perpetrator reinforces the serious nature of domestic, family and sexual violence. The term is intended to cover all men who commit one or more identified acts of domestic or family violence against women and their children, or sexual violence against women, whether or not they have ever been arrested, charged with a crime, or had an intervention order issued against them.

Perpetrator interventions/programs: This is the overarching name used to describe the range of programmes and services that are designed to enable perpetrators to take responsibility for their violence and work towards changing their violent attitudes and behaviours. Perpetrator programs include men's behaviour change programmes and clinical services for perpetrators of sexual violence and sexual assault.

Physical safety: Physical safety is the ability to feel free from any threats to our physical wellbeing.

Refugee: A refugee is a person who has fled his or her own country and cannot return due to fear of persecution, and has been given refugee status. Refugee status is given to applicants by the United Nations or by a third party country, such as Australia.

Response system: The term response system refers to the diverse responses that exist in domestic and family violence interventions in Australia (service delivery and legal responses.

Safety: Safety is the state of being safe from harm or danger.

Social safety: A socially safe environment is one that is free from abusive relationships of all kinds. People are not isolated but instead are connected to each other in a network of support.

Spiritual safety: Spiritual Safety may be described as the extent to which the individual feels secure to practice their faith and spirituality without fear.

Trauma: A deeply distressing or disturbing experience which can be considered traumatic and are wide ranging from what might be considered ordinary life experiences such as divorce, illness, accidents and bereavement to extreme experiences of war, torture, rape and genocide.

Trauma-informed: Trauma-Informed Practice is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for everyone, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

Violence: The use of force so as to injure, abuse, damage, or destroy.

Appendix K:
Best practice principles for interventions with domestic and family violence perpetrators from refugee backgrounds

Introduction

There is a growing literature regarding refugee women's experiences of domestic and family violence (DFV) (see for example Grossman & Lundy, 2007), including post-settlement in Australia (El-Murr, 2018; Fisher, 2009, 2013, 2015). However, there is very little evidence available to inform appropriate interventions for DFV perpetrators from a refugee background. The lives of individuals from a refugee background are complex. Many refugees are dealing with high levels of both personal and structural challenges during settlement. These challenges include mental and physical health issues, financial issues, grief, anger, sadness, misuse of alcohol and other drugs, under- or unemployment, acculturation stress as well as dealing with the ongoing negative impact of forced displacement and traumatic experiences in their home country (Bonar & Roberts, 2006; Harris, 2018; Rees & Pease, 2006; Schock, Böttche, Rosner, Wenk-Ansohn & Knaeveslrud, 2016; Segrave, 2017; Thomas, 2000; Vaughan et al., 2016; Zannettino, 2013).

Refugees experience acculturation stress as they navigate between two often very different cultures—most notably, gender and family roles are in a state of transition—and family members acculturate at differing speeds. They also have to deal with the formal responses to domestic and family violence in Australia which, depending on the similarities with or differences to legal systems in their country of origin, are likely to be very different to those they encountered (if any) prior to settlement. In this context, family and community become very important.

While there are still some gaps in our knowledge of DFV, there is now substantial literature that establishes that DFV is associated with multiple factors at multiple levels. Any effective intervention needs to take account of this complexity. In response to the dearth of evidence available to support such interventions in refugee communities, coupled with the added complexity of experiences of torture, trauma, displacement and post-settlement challenges, these best practice principles to underpin and inform interventions in refugee communities were developed from robust and rigorous research.

The best practice principles to underpin and inform interventions with DFV perpetrators from refugee backgrounds were developed through a participatory three-phase mixed methods research study. An integrative literature review was undertaken in Phase 1 followed by in-depth interviews with refugees from five countries (Burma, Afghanistan, Sudan, Iraq and Iran) (n=40) in Phase 2. These five countries were chosen based on humanitarian entrant numbers in Australia, not on rates of DFV perpetration. In-depth interviews were undertaken in the participant's first language or in English by trained bilingual, bicultural research assistants. Focus groups were also held with service providers from women's services, health and human services, and men's services in Phase 2.

Findings from the integrative literature review were combined with analysis of the in-depth interviews and focus groups and informed the development of a questionnaire used in a two-round Delphi process (Phase 3). Delphi panel members (n=27) were drawn from across Australia and selected for their expertise in DFV in refugee communities. The backgrounds of panel members represented countries from across dominant refugee regions. The Delphi was utilised to arrive at consensus around the best practice principles for DFV interventions for perpetrators from a refugee background.

Overarching principles

The following three overarching principles are considered vital to all DFV interventions for perpetrators from refugee backgrounds. Where they are in tension with the best practice principles or sub-principles, the overarching principles outlined below must take precedence. The overarching principles are:

- The safety of women and children is given highest priority in all aspects of domestic and family violence responses, including perpetrator interventions.
- Perpetrator interventions hold perpetrators responsible for their behaviour.

- All domestic and family violence interventions with individuals, families and communities from refugee backgrounds are trauma-informed.

Principles

The principles presented here are not ordered sequentially, nor are they hierarchical. Each agency developing an intervention is encouraged to adopt the principles that are relevant for the type and structure of the intervention being developed, the maturity of their relationship with the affected community/ies and the capacity of that community to respond to domestic and family violence through partnership. This is likely to be different between agencies, communities and jurisdictions.

All 12 principles were considered important for inclusion in a set of best practice principles to inform DFV perpetrator interventions for those from a refugee background. They are listed here in order of importance as ranked by participants in the Delphi process:

1. Perpetrator interventions respect diverse family structures, values and strengths.
2. Perpetrator interventions work to empower women.
3. Perpetrator interventions recognise issues that can impact on levels of engagement.
4. Perpetrator interventions recognise and respond to complex individual needs.
5. Perpetrator interventions account for diversity in understanding of domestic and family violence and Australian responses to it.
6. Agencies delivering perpetrator interventions are integrated in the broader response to domestic and family violence.
7. Perpetrator interventions recognise and respond to community complexity.
8. Perpetrator interventions recognise intersectionality.
9. Perpetrator interventions explicitly address pre-settlement experiences.
10. Perpetrator interventions build community capacity.
11. Perpetrator interventions position, acknowledge and recognise the role of communities as service providers.
12. Perpetrator interventions embed tenets of the Australian legal framework.

Principle 1: Perpetrator interventions respect diverse family structures, values and strengths

Perpetrator interventions should leverage positive aspirations evident in refugee communities of a genuine desire for their children to experience a better life than those of their parents and for their children to grow up in an environment that is supportive and nurturing. Additionally, interventions that are seen to break up the family unit would not be best placed to actively and positively engage men. A program that is structured in a manner that enables families to stay together, but only when it is safe and the woman's choice to do so, would have greater applicability and, hence, a potentially higher chance of positive outcomes.

Sub-principles

Where there are aspirations to maintain or reunify the family unit, this should only occur when the safety of women and children has been comprehensively assessed and women have made a choice for this to occur.

1a.   Perpetrator interventions work to maintain the safety of all family members and support reunification of the family unit if desirable and when safe.

1b.   Perpetrator interventions incorporate strategies to support the family unit where possible and safe. Support provided is based on addressing needs of the family that are associated with the perpetration of violence.

Principle 2: Perpetrator interventions work to empower women

Perpetrator interventions should work to empower women irrespective of whether the intervention is educational, awareness raising or supporting men's behaviour change. Specifically, the promotion of women's rights is an integral component of perpetrator interventions and has the potential to counteract any patriarchal views in refugee communities about the roles of men and women. These views include a general lack of respect for women and girls, beliefs about a man's right to control his family and the perceived right of a man to discipline his wife and children. Additionally, a wide range of contexts in which DFV is perpetrated may place women in a subordinate position in the family and be associated with domestic and family violence. Perpetrator interventions provide a space where patriarchal beliefs could be discussed and challenged.

Sub-principles

2a.   Promotion of the rights of women is integral to perpetrator interventions.

2b.   Perpetrator interventions address patriarchal beliefs about the roles of men and women.

Principle 3: Perpetrator interventions recognise issues that can impact on levels of engagement

Engaging perpetrators and maintaining that engagement over the course of the intervention is pivotal to meeting intervention objectives and outcomes. The lives of those from a refugee background are complex and recognition of this is required to encourage engagement; this is recognised and accounted for under principles 2 and 7. Over and above those, however, shame and stigma, the language of delivery of the program, and words and phrases used to describe concepts and their level of difficulty are important.

Sub-principles

3a.   Perpetrator interventions consider potential impact of stigma and shame as a barrier to participation.

3b.   Perpetrator interventions take into account other barriers to engagement such as time, resources and other individual needs.

Principle 4: Perpetrator interventions recognise and respond to complex individual needs

Individuals from a refugee background have highly complex needs pertaining to physical and mental health, social support, education and financial situation. Interventions need to be sufficiently flexible to enable these other issues to be subsequently or concurrently addressed. This, by necessity, takes time. Thus, a phased approach is beneficial.

Sub-principles

4a.   Perpetrator interventions recognise the multiple factors existing at an individual level that impact on domestic and family violence behaviours.

4b.   Perpetrator interventions are based on a case-management approach.

4c.   Perpetrator interventions take into account English language competency and education levels of participants.

4d.   Perpetrator interventions are flexible and have the capacity to address a range of domestic and family violence associated issues and provide support beyond program completion.

Principle 5: Perpetrator interventions account for diversity in understanding of domestic and family violence and Australian responses to it

Refugee communities have been in Australia for varying lengths of time, have varying levels of understanding of what

constitutes DFV from a Western perspective, and have varying levels of engagement with agencies that form part of the formal response.

Sub-principles

5a. Perpetrator interventions account for different levels of acculturation of communities and individuals as well as the way this reflects their understanding of what constitutes domestic and family violence. Interventions also account for individual levels of understanding, knowledge and assumptions.

5b. Perpetrator interventions account for different levels of refugees' understanding of Australian laws and agencies involved in formal responses.

5c. Perpetrator interventions recognise levels of acculturation of communities and individuals and work to dispel any myths prevalent in communities.

Principle 6: Agencies delivering perpetrator interventions are integrated in the broader response to domestic and family violence

Embedding agencies in a broader response is important as it facilitates working in partnership across sectors to deliver a more comprehensive intervention. It could also assist in comprehensively addressing the myriad issues with which individuals from a refugee background present. Understanding the extent to which interventions are meeting their desired outcomes is also important. As such, evaluation both adds to the evidence base and ensures better outcomes for those who use violence and their families.

Sub-principles

6a. Perpetrator interventions are evaluated to ensure they are effective.

6b. Agencies delivering perpetrator interventions are closely integrated and work in collaboration with services from other sectors (e.g. alcohol and other drugs, and mental health) as required by the needs of the client.

Principle 7: Perpetrator interventions recognise and respond to community complexity

Refugee communities are complex. To have the best possible chance of positive outcomes, perpetrator interventions need to recognise this complexity and how it shapes program content, delivery and contexts. This includes a broad range of potential perpetrators of violence (e.g. fathers-in-law, brothers-in-law) and a broad range of behaviours that constitute domestic and family violence.

Sub-principles

7a. Perpetrator interventions take account of the complex ways in which domestic and family violence can manifest in refugee communities (e.g. broad range of potential perpetrators of violence and behaviours such as forced marriage and threats of deportation).

7b. Perpetrator interventions ensure risk assessment accounts for complex ways in which family and domestic violence can manifest in refugee communities.

7c. Perpetrator interventions recognise the linguistic and religious diversity within refugee communities and how this shapes the program content, delivery and contexts.

Principle 8: Perpetrator interventions recognise intersectionality

A number of disadvantages intersect with gender inequality and need to be recognised in any perpetrator intervention to enable it to be holistic and, hence, increase the likelihood of a positive outcome. These disadvantages include lack of education, socio-economic disadvantage and poverty, racism and racial stereotyping.

Sub-principles

8a.   Perpetrator interventions recognise gender inequality.

8b.   Perpetrator interventions are underpinned by an understanding of intersectionality in the context of refugee experiences of domestic and family violence.

8c.   Perpetrator interventions take account of post-settlement experiences impacting on settlement and family functioning.

Principle 9: Perpetrator interventions explicitly address pre-settlement experiences

Individuals from a refugee background have experienced incidents prior to settlement that have impacted and continue to impact negatively on their lives. All interventions should be trauma-informed (this is an overarching principle), but individual experiences of trauma need to be addressed as part of any intervention.

Sub-principles

9a.   Perpetrator interventions take account of, and address, experiences prior to settlement.

9b.   Perpetrator interventions provide opportunities for men to reflect on pre-settlement violence (both domestic and family violence, and public violence).

Principle 10: Perpetrator interventions build community capacity

There is limited understanding of domestic and family violence and Australia's formal response to it within refugee communities. Despite this, in some communities there is interest in fostering community discussions on the topic and building capacity to do so. Capacity could be built among community leaders and those in the community who have interest. These community members could then be engaged in prevention work. The building of capacity would also enable community members themselves to make more informed and informal, but safe, responses in accord with the Australian legal framework and formal response system.

Sub-principles

10a.   Agencies delivering perpetrator interventions partner with communities to build capacity to respond appropriately to domestic and family violence within the community.

10b.   Perpetrator interventions represent an avenue through which discussion of domestic and family violence is facilitated.

10c.   Perpetrator interventions recognise that domestic and family violence occurs in all cultures. Interventions should respect cultural differences as long as such differences do not violate the safety and rights of community members or Australian law.

Principle 11: Perpetrator interventions position, acknowledge and recognise the role of communities as service providers

Communities are already engaged in addressing domestic and family violence in informal settings. It is, therefore, vital that communities should be involved in the development and delivery of perpetrator interventions. This would ensure a more

culturally safe intervention; it could drive innovation; interventions could be developed that benefit the community more broadly; and these interventions would be developed and delivered in an appropriate manner. As such, the community should be recognised as providing a service. Mainstream agencies should partner with communities in the development and delivery of interventions and leverage supportive community structures in this partnership (for example, religious and community leaders). Through engaging and partnering with communities, positive community values could be leveraged to more fully and fruitfully engage men.

Sub-principles

11a.   Perpetrator interventions engage communities as service providers.

11b.   Community engagement and input is integral in development and delivery of perpetrator interventions.

11c.   Men's behaviour change programs are delivered in conjunction with community domestic and family violence education and awareness.

11d.   Perpetrator interventions adopt a strengths-based approach in partnering with communities.

11e.   Perpetrator interventions leverage existing supportive community structures (for example, community and religious leaders).

11f.   Community-based interventions are developed and delivered by both men and women.

11g.   Perpetrator interventions work with positive community values to engage men.

Principle 12: Perpetrator interventions embed tenets of the Australian legal framework

Further to principle 10, there is a lack of understanding of the Australian legal response to domestic and family violence. Given this lack and its centrality in responses—including mandating perpetrators to men's behaviour change programs and the criminal nature of many abusive behaviours—it is important to have tenets of the Australian legal framework around domestic and family violence embedded in perpetrator interventions.

Sub-principles

12a.   Perpetrator interventions adhere to Australia's legal framework and increase understanding of Australian law (criminal and civil) and legislation. Perpetrator interventions work to increase participant understanding of laws and legislation related to domestic and family violence and their ramifications.

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